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Scarlet Fever.—Symptoms and Diagnosis.

Read before the Topeka, Academy of Medicine and Surgery, January 7, 1890.

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In looking up the authorities at my command on this subject, I cannot say that I have found anything very new, but propose to give a sort of compilation, which I trust you will find interesting.

I have consulted articles on the subject written by Drs. Pepper, J. Lewis Smith, Ellis, Palmer, Bartholow, Flint and Atkinson, and have used freely anything that I found interesting to me, but without any attempt at literal quotation, except a summary of the signs and symptoms of the disease by Dr. I. E. Atkinson. In the Reference Handbook he gives it as his definition of the disease, and it seemed to me so concise and pointed that I quote it verbatim.

DEFINITION.

"Scarlet fever is an eruptive contagious fever. Its incubative period is brief, rarely less than twenty-four hours, usually lasting from four to six days, and not often exceeding this duration. This period is succeeded by a period of invasion which is ushered in by fever usually of considerable intensity, and by sore throat. A scarlet eruption begins to appear before the end of the second day, and marks the end of the prodromal and beginning of the eruptive period. The eruption rapidly becomes general and the tongue becomes stripped of its coating and assumes a raspberry-red color. The eruption slowly fades after the first few days. The fever persists till the sixth, seventh, or eighth day, or longer. As the eruption fades, desquamation begins and continues from eight to fourteen days or more. It is pecular in being lamellar, sometimes occurring in very large shreds and exfoliations. During the attack and for weeks subsequently there is a special predisposition to renal inflammation. Scarlet fever attacks children more especially. It usually affects an individual but once." (Reference Handbook, Vol. VI, page 302.)

HISTORY.

Scarlatina is probably a disease of very ancient origin, though the first description of it, which makes us at all certain that scarlatina was the disease described, was given by Paulus Restiva, in 1543. Not until more than a century after this, was it so studied and described as to make a clear differentiation between it and measles. It probably originated in Europe, and seems to have failed to get a foothold in Asia or Africa. Whether this is due to race or climatic conditions is not determined. It was brought to America, New England, through European shipping in 1735, and slowly spread over the whole country.

ETIOLOGY.

That there is a specific poison and that this poison is a solid, is generally believed, but as yet we are not justified in saying just what it is. Many investigators have searched earnestly and long, and several low vegetable organisms have been discovered in the blood, pus, excretions or epidermis of scarlatina patients, but they have all failed to satisfy the critics, and the true cause of scarlatina is yet to be discovered.

The poison, whatever it is, is very tenacious, and hard to destroy. It is usually received into the body by the breath, though frequently through the ingesta. Persons, clothing, wall paper, books, (as in public libraries,) milk, are the most frequent carriers.

The spread of scarlatina has never been traced directly to water supply, but has often

been extended through the medium of milk. At Hendon, England, an outbreak was believed to be due to a disease among cows. It is also stated that cows, in milk, inoculated with the virus of scarlatina become infected with a disease of definite symptoms, and the inference is that on further investigation it will be found that this disease among cows is often the origin of an outbreak among mankind.

The area of contagion is small; a few feet being the limit. When, however, it is concealed from the air, it may be carried hundreds of miles and last years. Predisposing causes are; an, impaired constitution, filthy surroundings, childhood, and individual susceptibility. It has been said that infants under twelve months are exempt, but the records show a number of deaths in such cases, and even a case *in utero*. Such infants however are *less* susceptible. Some persons never take it no matter how often nor how thoroughly exposed to it.

Barthez and Rilliet state that it never affects tuberculous children, and Grisolle believed the same in regard to adults. The contagion probably resides in the epidermis, and becomes diffused as the exfoliation goes on. It is also in the mucous membranes of the mouth and throat, in the secretions, the lymph and blood. It may be interesting to note that some physicians believe the first few days only is it contagious. That others hold the period of exfoliation as the only time of contagion. The weight of authority however, seems to show that contagion is most likely when the eruption is fully out, and that it gradually decreases until exfoliation is completed. The first day or two the contagion is slight.

SYMPTOMS.

The period of incubation varies greatly in duration. Richardson is said to have had positive symptoms of the disease immediately after auscultating a child having the disease, and on the other hand some believe that it may last three weeks. It must be an extremely rare case in which the incubative period is longer than two weeks, and in by far the greater number of cases it is from four to six days.

The symptoms of scarlatina are varied not only in intensity but in kind. The disease may show itself in such a mild form as to actually escape notice, and again it may seize upon its victim with sudden and relentless grasp and carry him speedily to his grave.

Usually the attack is sudden and only in occasional cases are prodromal symptoms, noted. In small children the first thing noticed is usually fever though this is sometimes preceded by a chill and in severe cases by convulsions. One of the early symptoms is vomiting and its severity is often a premonition of the severity of the fever. The tongue is at first coated with a creamy looking coat. The edges usually show a bright red color. As soon as the rash appears the coat is usually cast off and the tongue presents the strawberry appearance, which is so striking that no one forgets or fails to recognize it, after once seeing it. The pulse is very rapid and rather weak. The fever is at first from 101° to 105° according to the severity of the attack, and increases until the eruption is well out, and may be as high as 108° in severe cases. Soon after the fever the throat shows soreness, which rapidly increases to all degrees of severity. At times abscesses form and gangrene appears. On the second day, or from 14 to 36 hours after the first symptoms a bright scarlet rash begins to appear. This usually occurs on the chest and neck and soon extends over the whole trunk and limbs. At times the rash appears on other parts of the body first and may not extend over the whole surface. The parts of the body which are most likely to show the rash are the regions of the joints and especially the flexion side. It has been claimed by some authors that the face is exempt, but I have certainly seen it there. My own experience accords with Atkinson's: that the cheeks are usually involved and the forehead, nose and chin may have it, though the surface around the mouth escapes. The eruption on the face is often modified. The cheeks, &c., showing a dark congested appearance rather than the characteristic rash. The rash consists of very minute dark scarlet points surrounded by an areola of bright scarlet, less dark than the center. These points may be so close together as to show no skin which is not colored, but usually there is a small patch of clear skin between them. The points are

only slightly raised above the surface giving a feeling of roughness to the hand when rubbed over the surface. It is said that the heavier the rash the severer will be the disease. Also that a severe case may be expected when the rash is delayed and fails to appear promptly with the fever.

The rash usually lasts from five to eight days, when desquamation sets in, and may last three weeks, though ten days or two weeks usually suffices. We may always expect to find a sore throat in scarlatina; and at times it is the most annoying and serious symptom.

At first there is a congested condition of the fauces, and deglutition is painful. The soreness then extends and becomes more severe. The direction of extension is usually to the posterior nares, though the buccal surface, the tongue and even the lips may become inflamed. After a few days, if the case is a severe one, a membrane begins to form and may extend rapidly over all the inflamed surfaces. This is not diphtheritic, but is due to necrosis of tissue because of the severity of the inflammation. It may be readily brushed off, and does not have the tendency to extend into the trachea as the diphtheritic membrane does.

The nervous symptoms of scarlatina depend upon the individual attacked and the severity of the disease. In severe cases there is often delirium, intense cephalalgia and in some cases great restlessness, while in other cases there is sluggishness, the delirium is low and muttering and often deepens into coma and death.

J. Lewis Smith says, he never had, or heard of, a case which recovered when convulsions occurred after the complete development of the eruption.

DIAGNOSIS.

A well marked case of scarlatina, is easily diagnosed, but so varied are the attacks that great difficulty is met with at times. There are recorded cases where no rash appeared, the angina and fever being the only symptoms characteristic, but the fact being known that the patient was exposed to scarlatina and having exfoliation and the usual sequelæ made the diagnosis all but positive.

If we could withhold our decision until the disease had rnn its course, the difficulty would be small, but our patients, the Board of Health and the public safety, demand an early diagnosis.

Let us see what we have on which to base our early diagnosis. I will mention six things.

First—Contagiousness of the disease.
Second—Mode of invasion.
Third—Fever.
Fourth—Sore throat.
Fifth—Eruption.
Sixth—Tongue.

The disease must arise from some other case, and the patient should be closely questioned as to whether he has been exposed.

The sudden invasion of scarlatina is unlike most of the diseases it would be likely to be mistaken for. The usual chill or convulsion; the initial vomiting, and its sudden free character; the immediate prostration and high fever, all are characteristic of the disease.

The fever comes on usually with the first symptoms and gradually increases with the rash, but does not disappear suddenly when the rash is out. At times the degree of fever acts as a diagnostic pointer.

The sore throat with the fever, its painful character and the appearance of a membrane might lead us to suppose we had a case of diphtheria, but the redness is more scarlet, the membrane forms later in the disease and is not so adherent.

The rash is quite characteristic, and its special features are, its punctate appearance, with the punctæ but little elevated above the surface. The bright scarlet color over the whole of the surface involved, the freedom of the surface around the mouth and the different character on the face, the flexure of the joints being especially involved. The evenly distributed punctæ, with no tendency to definite forms when closely collected. The tongue is usually a very definite and plain sign.

Our diagnosis must not depend on any *one* of these signs or symptoms, for we may find that one may be absent and still have scarlatina. If, however, we always consider them *all*, there will nearly always be a majority in favor of or against, and we may safely abide with the majority in this case.

In my judgment we should be extremely careful not to allow any case of scarlatina to go unreported or not diagnosed, and in a case of doubt or resistance on the part of the patient's friends, counsel should be held. One case overlooked may bring death to many a household, and he must be a heartless wretch who could see, with undisturbed conscience, such a catastrophe brought on by his carelessness or negligence.

DISCUSSION.

Dr. McGuire thought from Dr. Peer's paper the diagnosis should be easy. Spoke of cases where there was no sore throat and yet the sequelæ showedthat the cases were scarlet fever. More danger of contagion during the period of desquamation. The poison can be carried long distances; spoke of treating four cases in 1885, in which the medium of contagion was a dress which had not been worn for three months until the owner came here from Chicago and putting it on, thus was the means of causing the four cases.

Dr. Lindsay said he never saw a case of scarlet fever without some redness of the throat, at least, although no complaint was made of soreness.

Dr. McClintock—In the early diagnosis vomiting is an important symptom, the chill not so diagnostic. We find vomiting present in three cases out of five. A fine punctate eruption over the palate occurs before any eruption appears on the skin. It seemed to him that the germ given off during the early stages of the disease did not give rise to as severe a form of the disease as those germs that had lain dormant a long time. Reported a case where a child had complained of being tired in the evening and in the morning the eruption was well out and in twelve hours thereafter desquamation occurred freely although not complete.

Dr.Stewart—Scarlet fever is most contagious during the period of desquamation. Cited cases where children played together during the eruptive period and yet none of those so exposed contracted the disease. Contrary to the opinion that you cannot produce disease by inoculating with the scales, he said this had been done successfully. Referred to the idea that cows with a similar disease had been the cause of the spread of scarlet fever in persons. Milk is a frequent and potent carrier of the contagion, said Dr. J. Lewis Smith; did not believe in cases in utero and thought children under four months old not liable to have the disease.

Dr. Longshore was interested in the point brought out by Dr. McClintock as regarding the eruption in the mouth; said she had noticed it in measles and thought it a characteristic of eruptive diseases.

Dr. Stewart, speaking again, corroborated Dr. McClintock's statement as regarded the eruption in the mouth.

Dr. H. C. Minor had met with some very severe cases arising from unknown sources unless traceable to old clothing, etc., etc. It had seemed to him that such germs increased in virulence or produced more severe disease than those from fresh cases. Reported a marked case of unknown origin where there were several children in the family and none of them took the disease.

Dr. R. E. McVey said the home of scarlet fever was Sweden, and that the disease had been transported to this country and that having once been introduced it was difficult to eradicate it. The spores of the germs are immortal in the dessicated state, and remain in the dry soil about places which have been infected with the disease for long periods of time and may be developed by their contact with moisture, which explains the occurrence of cases *de novo*. The cause of the epidemic here he thought due to the wet summer. Thinks it only slightly contagious; the virulence of the disease is due to the character of the tissues in which it gets hold.

Dr. Minney did not believe that cases arose *de novo*; spoke of the relative amount of desquamation in the white and black races. Desquamation is not so free in the black race. Spoke of the difficulty in diagnosis between scarlet fever and diphtheria, measles and other eruptive diseases at times, and mentioned a case of diphtheria with an eruption similar to scarlet fever.

Dr. McGuire thought if it only required moisture to bring the germs to life every community would have scarlet fever every year. Thinks the poison transferred by other means than the soil. Appearance of the tongue fre-

quently is the diagnostic sign. Reported a case where there seemed to be no other symptoms and yet the skin peeled off. As to age of occurrence of the disease thinks it may occur at any age after birth. Had seen the eruption in the throat spoken of by Dr. McClintock. Having asked as to whether the urine was a carrier of contagion, Dr. R. E. McVey said it was.

Dr. Stewart spoke of the many eruptive diseases that had an eruption similar in appearance to that of scarlet fever, as eczema, erythema, strophulus or red gum, &c., and quoted Murchison as saying that the only way in which the diagnosis can be made sure is by its being the medium of contagion thereafter. The diagnosis is made easier in very young children from the fact that *generally* they are exempt from the disease.

Dr. Munn spoke of a family where there were four children between the ages of four months and ten years. The baby, after all the others had had scarlet fever, had sore throat, temperature of 106° and died in coma. A young woman after confinement with her first child was visited by a girl who took scarlet fever, later the baby less than three months old had sore throat, fever, and an eruption thought to be scarlet fever.

Dr. Peers in closing did not insist that there was always sore throat. When is there the most danger of contagion gives rise to the question, when is there the most poison in the system? and at what time is the poison most liable to be given off? The less danger in the early stages is due more to the fact that the patient does not come in contact so nearly with other persons. Does not believe that scarlet fever arises *de novo* and believes that if it was once stamped out it would not occur again without importation. The contagion is contained in the blood and not alone in the epithelium. Also the eruption he thinks involves the whole mucous tract.

Dr. Stewart on being asked said the patient should be isolated and those in attendance should not be allowed to go out. Advised putting sulphur in water and keeping a steam bearing sulphur. Remove carpet, clothing, curtains and every nidus for contagion. Physicians before visiting other patients should disinfect themselves.

Dr. McGuire thought sulphur a good disinfectant, and said it had been used succèssfully during the epidemic here, not a single case of scarlet fever occurring in the houses so disinfected and afterwards occupied by new tenants.

Sanitary Instruction in Schools and Colleges.

AN ADDRESS DELIVERED AT THE STATE SANITARY CONVENTION.

BY W. L. SCHENCK, M.D., OF OSAGE CITY, KAN.

[Having heard Dr. Schenck deliver the address on "Sanitary Instruction in Schools and Colleges," a portion of which is published in the present number, the remainder to appear in the next issue, though intended for a popular audience, we feel sure that those who read it will appreciate its presentation in the JOURNAL.—J. E. M.]

Macaulay tells us, in his history of England, that in 1690 "one-third part of Scotland was in a state not less savage than New Guinea." He also informs us that Sir John Dalrymple, minister for Scotland, thought he was doing service to God and his country when he wrote to the general commanding the Scotch army, "Your troops will entirely destroy the country of Lochaber, Lochiel's lands, Keppock's, Glengairy's and Glencoe's, and I hope the soldiers will not trouble the government with prisoners." And the "most dastardly and perfidious assassination" of MacIan and his clan at Glencoe, leaves the inference that many of the other two-thirds were not much more advanced in civilization. Yet this wild people, less civilized in many respects than any of the nations of Europe, poor as they were rude, from an impulse born of a religion whose spirit of evolution they did not comprehend, in 1696 established the first system of national education, ordering that every parish should provide a commodious school house, and pay a stipend to the schoolmaster.

In less than a generation, notwithstanding her inclement climate and barren soil, in agriculture, manufactures, commerce, science and civilization, Scotland stood first among the nations of the world; and wherever her common

people went, and in whatever they engaged, they easily rose to the first rank, and demonstrated to all christendom the beneficence of national education. Two centuries have witnessed great progress in educational methods and results; but great as has been the advance the question remains, *what lack we yet?*

The highest civilization is that which most sacredly protects the life, health and development of man. Civil rights, science, agriculture, all earthly blessings and endowments, are secondary and subsidiary to human life, health and happiness.

"We hold these truths to be self-evident, that all men are endowed by their Creator with certain inalienable rights; that among these are life, liberty, and the pursuit of happiness." Life first, for without it we know no rights, we possess no endowments. Nothing of this world follows beyond the grave. Liberty, prosperity, glory, are all incident to life. A nation's might and majesty is in the life, health and development of its citizens.

Whence comes the greatest danger to life, and its greatest destruction? Not from the midnight assassin, not from armed legions in battle array, but from "the pestilence that walketh in darkness, and the destruction that wasteth at noonday"—from consumption, cholera and yellow fever, small pox, typhoid fever and scarlet fever, diphtheria, dysentery, and other diseases largely incident to civilization, and preventable by civilization. Filth accumulation, water contamination, deteriorated food and drugs, defective systems of heating, ventilation and sewage, the hydra-headed sequents of alcoholics and narcotics, nostrum venders and quack doctors, with various other causes that civilization can and should control, are the active sources of disease and death; so active that they make the declaration that all men are endowed with the inalienable rights of life, liberty, and the pursuit of happiness seem "as sounding brass and a tinkling cymbal." We are a fast people; anxious to annihilate time and space, and to acquire fame and fortune in a day. Whoever can solve the problems that tend to success in this direction is deemed a greater benefactor than he who gives health and prolongs life, and thus secures the benefit of liberty and the pursuit of happiness. What liberty to him who is bound by the chains of disease, and miserably deprived of life? What happiness when fevers burn and ague freezes, when the body is racked with pain and the soul tortured with anxiety? Americans need a proper conception of the value of health and life, and a knowledge of the means by which they may be secured and preserved.

While the old idea that the spirit is good and the body bad, to be mortified and persecuted by fasting and flagellation has passed away. Is not the body still considered a sort of poor relation? Dispute as we may about the comparative rank in the scale of being of body, mind and soul, neither mind nor soul are capable of perfect development and manifestation while associated with diseased bodies. Though all analogical reasoning concedes the immortality of the spirit, we know of no other medium through which it can acquire force and character, or receive and communicate mental and moral impressions. The intellectual and moral man must be so educated that it shall have power to keep within due bounds every carnal appetite and desire, but it must recognize in the body an active, imperious and necessary help-meet. Healthy bodies are essential to the healthy growth and activity of mind and soul, and it is hence the duty of the educator to comprehend the laws of both physical and spiritual life and growth, and to instruct the pupil how the health of both soul and body can best be secured and preserved.

Perhaps we can find no better illustration of the influence of matter upon mind than in the action of alcoholics. It has long been known, and is a matter of every day observation, that a large percentage of crime results from the use of intoxicants. Every drunken man labors under a temporary hallucination and delirium directly consequent upon the condition of his nervous system, the pathological condition continued, that which was at first transient often becomes permanent. *In vino veritas* is an old faith. With an alcoholized brain both the perception of the proprieties of life and the power of control being weakened, the desires of the soul reach their ultimatum. Hence the villain, however hard-

ened, when he meditates crime, hebetizes conscience by anæsthetizing his body with alcohol.

In America a very large proportion of the insane are of foreign birth. A foreign syndicate controls our breweries, foreigners run our saloons and joints, foreigners do a large proportion of our drinking. While we recognize in the surroundings of the saloon and the drunkard conditions that tend to mental alienation, the alcoholized tissues are the important factor.

Those who take this position in Kansas are sometimes called cranks, and their deductions ignored. Such suspicion can hardly attaint the citizens, especially the scientists of Holland, Belgium, France, Switzerland, Italy and England, where alcohol, in some form, is often a part of the daily dietary. Last August the third international congress for the study of alcoholism was held in Paris. While French ideas predominated, the congress was European, and it was shown by the reports of European governments that in the last twenty years insanity had increased nearly fifty per cent., and that the consumption of alcohol had increased in the same ratio.

Among the members of the congress there was great unanimity of thought, and the following opinion and resolution was adopted:

"The increased consumption of alcohol is one of the principal causes of the increased development of crime and insanity."

It is not our purpose to consider the duty of the state in protecting the citizen against crime, nor to demonstrate the pathological conditions consequent upon the use of alcoholics, but merely to refer to a patent illustration of the action of the physical upon intellectual and moral life.

Whether the human race came from the hands of the Creator by a fiat of Omnipotence, physically, intellectually and morally perfect, and has since retrograded, or whether evolved through unnumbered ages from monad, bivalve, quadruped and simian, there exists between mind and matter the same interdependence and influence, and the duty of the educator is not to develop mind and soul, but the whole man. *The whole man.*

"What a piece of work is man! So noble in reason! so infinite in faculties! in form and moving so express and admirable! in action so like an angel! in apprehension so like a god! the beauty of the world, the paragon of animals!" "Fearfully and wonderfully made." Whatever the relation of the spirit to the body, whatever its possibilities and however indestructible, it is not less difficult to measure the value of the physical than the intellectual and moral life and health. We cannot comprehend a mind diseased without predicating a diseased body. These are not materialistic theories and speculations. The laws of nature are the paths of God, and it is by walking therein, physically and spiritually, that we reach the grandest possibilities of life. "*Mens sana in corpore sano.*"

Suppose the mind could attain its highest possibilities with an infirm and broken physical life. Physical health is necessary to the execution of its behests. If not the instrument through which it labors, it is that by which its labors are made manifest. Instead of being a productive factor in the state, with a disabled body, man becomes an incubus. When several members of a family are sick, it cannot attain the degree of prosperity and happiness possible when all are well. So a community or state can only reach its greatest prosperity when its citizens possess the vigor of health. The citizen is the primary source of wealth and growth, and the influence and power of a state is in inverse proportion with its disease and death.

The great need of the age is an educational system that will impress upon the rising generation the value of human life, and the means whereby disease may be prevented, health preserved and life prolonged; a knowledge the student shall carry to the various positions of honor and trust he may be called upon to fill, and thus be enabled to afford protection to the community in which he may reside.

Individuals and nations have everywhere, and through all time, recognized the importance of a study of the laws of vegetable and animal life. They have established agricultural colleges, appointed and paid state veterinarians. Vast intelligence, skill, patience and emoluments have been expended upon all the lower forms of life, and nature has most munificently responded.

The scientific agriculturist has made two grains grow where there was but one; the pomologists and horticulturists, disregarding ing seed, have converted all into pulp and husk, and their monstrous peaches, apples and pears, grapes, melons and pumpkins, are often well-nigh seedless; and the fair floraculturist, eliminating pistil, stamen and ovary, has transformed all into petals—beautiful petals.

The horse has been changed at will into the fleet-footed, tireless and docile Arabian; the strong-limbed, heavy muscled Norman; or the beautiful Shetland, fit play-fellow for our children. Cattle have been bred into the idea of the breeder, meeting the demand for beef, butter, cheese or milk. The Arkansaw sunfish has been changed into the Berkshire, the Chester-white and the Poland-China; and even dogs and cats have been cultivated into form and purpose as varied as the thought of both man and woman. Only the highest type of life has been deemed unworthy our fostering care. Only schools of preventive medicine and public hygiene are neglected. Man has transmitted generation after generation diseased and broken lives. He has surrounded himself with active sources of disease. He has needlessly suffered and died; yet is it not true that he is "of more value than many sparrows?"

One hundred years' ago that grand American, Dr. Benjamin Rush, patriot, statesman, physician and sanitarian, said "the legislator should be held responsible for every death occurring from fever." And would not the same logic make the educator responsible for the legislator?

In a recent report upon the subject of physical culture in our schools, Dr. Hutchinson of Rhode Island said, "the strain upon public school children and upon the teachers is such, that for the last year in the city of Providence, it has thrown upon their backs prostrate with nervous exhaustion, over ten per cent. of the teachers." And we know of a school not so far away as Rhode Island, where the worry of crowded rooms, and the hectoring of the principal, leaves the teachers at the close of the school year well-nigh threadbare. Thus teachers and pupils are annually sacrificed in the house of their friends, and where the laws of health should be obeyed and illustrated. Every pupil in our public schools should be given at least a practical knowledge of physiology and hygiene, whilst those who attend the academy, the college and the university, and who are to become leaders in society, rulers in the state, and instructors in its schools, should be taught all that is known of preventive and state medicine. Every such institution should have professorships of Physiology and Preventive Medicine. Then, and not till then, there will be such an appreciation of the principles of sanitary science, and such an application of preventive medicine as will make health the rule and disease the rare exception, and prevent our Ingersolls, in their sneer at Providence, from asking "why is not good health catching?" Such professorships will prevent from being practically a dead letter the law which provides that "no certificate shall be granted to any person to teach in any of the public schools of the state, after the first of January, 1886, who has not passed a satisfactory examination in the elements of physiology and hygiene, with special reference to the effects of alcoholic stimulants and narcotics upon the human system, and a provision shall be made by the proper officers, committees and boards of education for instructing all pupils in each public school supported by the public, and under state control, upon the aforesaid topics."

It does not require any large amount of intelligence to comprehend, that to understand the therapeutic action and pathological effects of alcoholics and narcotics, and to teach the principles of physiology and hygiene, with special reference to their action more than an elementary knowledge of these important branches of education is demanded; nor does it require great prescience to understand that great as is their destruction of human life, alcoholics are not responsible for all preventable disease and death; nor does it require any very extended observation to know that in many of the public schools the sanitary knowledge imparted is so exceedingly elementary, that it might be eliminated without material loss. How shall teachers teach unless they are taught, and how shall they be taught without a teacher? When proper instruction

is imparted in the college to those who are to become teachers, and is carried by them to the public school, the world will learn that the filth accumulations that infect the air we breathe, pollute the water we drink and contaminate the food we eat, engendering and intensifying the whole family of zymotic disease, undermining the constitution and making every type of disease and injury more formidable, can and must be prevented by legislative enactments, and that those who make and execute the laws must be held as responsible for preventive disease and death, as for injury and death arising from neglect to protect against pitfalls and powder magazines in public places, arson and murder. But never until the people comprehend its importance will legislation for the prevention of disease be enacted and executed. The legislator reflects the sentiment of the people, and however intelligent, he is usually too much of a politician to move faster than the people.

If the legislator should be held for preventable disease in the state by a purity of reasoning, the boards of education and teachers who consent to overcrowding, defective ventilation, heating and drainage, impure water supply, the contaminations of illy constructed and cared for privies, uncomfortable and injurious seats, the communication, through ignorance and carelessness, of infectious and contagious diseases, morbid stimulants to study and conduct, or other preventable sources of injury to the body, mind, or soul of the pupil, should be held as far as it is possible to hold, for consequent dwarfed minds, depraved morals, sickness, suffering and death.

(Continued in April No.)

Errors of Refraction.

Read before the Northern Kansas Medical Society, November 14, 1889.

BY GRANT CULLIMORE, M. D., ATCHISON, KAS.

GENTLEMEN: In the presentation of this paper the plan is not to take up the elements of optics and give the laws which govern the difficulties arising from deviations from the normal refractive condition, but it is to interest you with the more general considerations of Errors of Refraction and the practical points concerning their relationship to systemic affections.

The prevalence of errors of refraction justifies the subject. With the advance of civilization and the development of educational institutions, refractive errors arise among our student children and occasion much suffering. Competition in those callings which demand eye-work becomes greater and greater, and now in Kansas those who would gain a livelihood, and much more those who would ascend to mountain tops in their profession, must endanger their eyes.

These facts call for accurate, scientific work in the general medical profession, and in ophthalmology in particular. The demand for such work is so great that at present instead of noted oculists in large cities with crowded practices absorbing everything in their immediate vicinage and leaving the vast territory remote from cities unprovided for, oculists of thorough education and good skill are taking pains with the practices in towns of twenty, thirty, and sixty thousand inhabitants; so that in the United States it is almost as true as of Holland, that there is almost no city or town which cannot boast of a well educated ophthalmologist.

It is required that the eyes of communities be more carefully examined for refractive errors, and the scientific general practitioner requires the assistance of the specialist to help in the location of many so-called "head troubles."

Not alone in cities and towns of considerable size is there this necessity for careful examinations, but in the country school are found ambitious girls and boys whose student careers are cut short by overtaxing the eyes, or by neglect of refractive errors.

The difficulties arising from excessive eye-work with the existence of errors of refraction are not in every instance appreciated as due to eye strain. Biliousness and dyspepsia may be called upon to account for annoying headaches, vertigo, and even nausea, when, in fact, a slight myopia, hypermetropia, or astigmatism is often the source of trouble.

A systematic examination of school children

shows that a very considerable number of the children examined suffer from refractive errors. In the statistics of Dr. W. W. Gardner, who examined 1082 children of the city schools of Springfield, Massachusetts, 372 cases of errors of refraction were found. Far-sight in 291 cases, short-sight in 81, and astigmatism in 69 cases. Dr. Darley examined 254 members of the graduating classes of Amherst College, having previously examined the condition of their refraction at entrance into the college. A comparison of examinations gives the following percentage: far-sight at entrance, 15.4 per cent.; at graduation this was increased to 47.2 per cent.; normal eyes at entrance, 49.2 per cent.; at graduation reduced to 34.3 per cent. At entrance there were 125 cases in a normal condition of refraction. Of these 86 remained so, 10 became far-sighted, 29 short-sighted.

In an examination which I myself conducted in the four upper grades of the Atchison public schools, I found among the 115 pupils examined, 17 who were abnormal in their refractive condition. This gives more than 10 per cent. of the children in the grades examined suffering from refractive errors.

There is no lack of statistics of examinations made upon the eyes of young people engaged in manual occupations, serving to demonstrate the *rarity* of errors of refraction in the youth not engaged in student and clerical work. These statistics taken in connection with those quoted, prove the influence of eye-strain upon the structure of the eye-ball. The eyes of students, like the other tissues of their young bodies, are in a formative state, and as the form of the youth is often shaped by the posture assumed in occupation, so is the eye-ball distorted by the muscular force which accommodates it for close and constant work.

With some risk of being considered tedious, we will take up briefly the main points in the etiology and symptomatology of the three forms of refractive errors.

First considering Myopia, we know that it is a well established fact that heredity exerts a great influence in the production of all refractive errors, and especially is this true of myopia. Aside from the inherited cases, however, there arise a number of acquired cases of myopia, and various reasons have been assigned for the frequency of this anomaly among students, the most plausible of which seems that of lateral pressure exercised by the recti muscles in the act of convergence. This pressure, the supporters of the theory argue, causes an elongation of the eye-ball and consequent myopia.

The examination of the eyes of new born children discovers hypermetropia to exist during the first years of life. It would then seem as if some influence causing elongation of the eye-ball were necessary to the development of myopia. This influence is obtained in the opposing pressure of the recti muscles.

While all animals lower than human are far-sighted, short-sight seems to be peculiar to the human race, and, moreover, it is much more frequently met with among civilized nations than among savages, the reason for which is accounted for by the convergence pressure theory.

As to the symptomatology of myopia we find that though little inconvenience arises from low degrees in reading and using the eyes for close work, yet for distance there is sometimes considerable annoyance. However, myopics whose errors are corrected by a lens of 25 or 37 inches focus, are able to go about attending to their affairs pretty well without the aid of a correcting glass.

Short-sighted persons of medium and high degrees cannot dispense with glasses in ordinary life, but with the proper correction, perfect vision usually follows.

The eyes of short-sighted individuals are quickly fatigued for near work, and double vision is often noticed when the eyes are continuously fixed on close objects. Pains in the head and vertigo are often the results of attempt to continue work. Persons otherwise perfectly well and with sound eyes frequently are compelled to give up their studies solely on account of disturbances dependent upon myopia.

Before leaving the subject of myopia we would refer to that form which is a real disease of the inner and important tissues of the eye —*malignant myopia*. In this form, if the individual persists in the constant use of the

eyes, and especially, if without the proper correcting lens, destructive inflammation of the choroid tissue is in danger of being precipitated. This choroidal inflammation is very insidious, and sometimes complete destruction of the choroidal and retinal elements occurs without pain.

We next pass to the consideration of Hypermetropia—far-sight. In the study of the refractive condition during the first years of life it has been discovered, as before stated, that at birth infants are almost invariably hypermetropic, and this is probably accounted for by the fact that the eyes of babes are not yet developed either in their proportional length or refractive power.

The ocular disturbances arising from far-sight are in some particulars similar to those connected with short-sight. The patient cannot look at near objects in reading, writing or sewing without the eyes becoming soon fatigued, the print becoming indistinct, and the letters running into each other.

In connection with the train of symptoms in hypermetropia especially frequent, is that red and irritated condition of the lid margins with formation of crusts at bases of eyelashes,—the condition known as *blepharitis marginalis*. For this condition the routine prescription with physicians, and oculists as well, is an ointment of yellow oxide of mercury. But in most cases of this marginal inflammation with formation of scales at base of hairs, the application of the ointment is only a temporary relief and the trouble will recur if the far-sight which usually exists is not neutralized by properly adapted glasses.

Astigmatism must next demand our attention. There is more general disturbance and inconvenience connected with astigmatism than with any other error of refraction. There is more probability of the head pains being of a neuralgia-like character. In some instances the pains are characteristic of organic diseases of the eye, for instance, inflammation of the iris or that terrible condition known as glaucoma. I recall one case, especially, under my observation in which the patient suffered a periodic and neuralgia-like pain starting from the occiput and continuing over the vertex until it reached the eye. A pair of cylindrical lenses relieved entirely this pain.

There is a small and constant amount of astigmatism in every normal eye—normal with this exception: the vertical curvature of the cornea being greater than the horizontal curvature. In perfect health this amount of increased vertical curvature is easily overcome by effort of the ciliary muscle. But the action of this muscle and its power to maintain a natural relationship with the convergence effort is dependent to a very considerable extent upon the general vigor of the system. The eyes of the half-starved needle workers give up earlier and easier than those of well nourished persons, and by this very truth is to be explained the fact that after some sickness or mental or physical exhaustion an error of refraction may suddenly be brought into prominence, and also, that the power to overcome far-sight and astigmatism diminishes with advancing age.

One of the most baneful results of scarlet fever, measles, and diphtheria, as every practitioner is conscious, is suppuration of the middle ear and deafness. Not less frequent or less distressing are the annoyances to the eye which follow in these exanthematous fevers. Usually this trouble consists of a chronic inflammation of the conjunctiva which seems to be of a nervous origin, but not infrequently patients come to the oculist with errors of refraction, the first annoyance from which dates back to one of these febrile attacks. It is not probable that the fever created the error, but the exhaustion and lack of tone in the nervous system and in the innervation of the eye, especially, has taken away the possibility of concealment of this error.

Now, as we have concluded a brief description of Errors of Refraction, and as this will lead us naturally to the consideration of the adaptation of spectacles, it is best for us to understand something of Presbyopia, or old-sight. The first symptom of this condition is that the small objects cannot be seen with such ease or at such short distances as before. Persons approaching forty years of age find that in order to see small objects more distinctly they are obliged to remove such objects further from the eyes. In consequence

of this removal the retinal images of these fine objects are very small. The print of the paper or book will be indistinct and confused, and the eyes will become fatigued and painful.

In the otherwise normal eye no inconvenience is noticed until about the age of forty or forty-five, and then the symptoms of irritation above recorded begin to take place and there is a demand for glasses. With students and clerks presbyopia is apt to develop earlier in life.

The impression prevailing with the people that it is harmful to wear glasses before *old age* is fully established, is erroneous, and the following general rule is one safe to follow in spectacle fitting: *When in apparently normal eyes application to near objects is productive of discomfort that soon passes into pain and even more serious symptoms, and relief follows the use of glasses, spectacles should be adopted even though there is tolerably good vision at most times.*

The fact that the eyes pain after exertion may as a rule be taken to prove that the patient suffers from an imperfection in the lens action or in the construction of the ball and that the remedy to be applied is a suitable spectacle lens.

It has been the endeavor in this paper to have its points intelligible to the general practitioner by freeing it of special technicalities. We think the subject should receive the attention of the practitioner of medicine by reason of the simulation of systemic diseases by refractive errors, and also, because the practitioner of medicine should stand in the position of educator in the matter of wearing glasses as in the other departments of hygiene.

There is much judgment demanded on the part of the oculist in adapting glasses in far-sighted conditions and in short-sight.

In many cases of high degrees of far-sight it is not wise to give full correction, and especially in *malignant myopia* is great judgment demanded. Irreparable injury can result from too strong glasses in short-sight, and also as much injury may result from neglect in such cases. While it seems important to emphasize the application of glasses in these cases, yet there is a further practical point upon the other side of the question. There are young persons whose eyes are irritable and easily tired as a consequence of inherited rheumatism and even gout. In such cases there is danger of being too positive in the recommendation of spectacles.

A slight degree of far-sight will not account for the irritability existing in such cases, and in many instances glasses only increase the irritation.

In the light of such facts it is evident that spectacles should not be purchased as are potatoes.

For KANSAS MEDICAL JOURNAL.

Gastric Ulcer, with Fibroid Enlargement and Induration of the Pyloris, or Cancer?

TOPEKA, KANS., January 31, 1890.

My title, esteemed editors, is interrogatory.

Mrs. Jno. Dettweiller, Halstead, Kansas, age 38; mother of eight children; a woman of Christian character; temperate in all things, and of industrious habits. In stature below the medium; figure erect; general appearance good; previous to sickness, and at this time weighing 134 pounds. She had enjoyed fair health since childhood. In her ancestral history I find that her grandfather, on maternal side, suffered with some serious stomach trouble in old age.

Mrs. D. favored her father in temperament and facial characteristics. During the first months of the year 1887, the patient felt some uneasiness in the epigastrium—not well localized, but diverting toward the right hypochondrium, and occasionally some dyspeptic symptoms were present. This uneasiness led to frequent self-examinations, and she claims she felt at times what seemed to her to be a tumor. A physician's advice was now sought, but his examination failed to reveal the tumor to him, and the dyspeptic symptoms alone received attention. The general health continued fair with this treatment throughout 1887, and with but slight increase of the local trouble. In May, 1888, the advice of Dr. G. Haering was obtained. He at once discovered the tumor, and expressed his alarm regarding the outcome of the case in conversation with me. He did what he could to en-

courage the patient and treated the symptoms, giving time for diagnosis. She remained under his care but a short time, however, and sought the advice of another physician of good reputation, who pronounced the case cancer of the stomach; and the husband was told that there was no hope. She treated with him for the "cancer" about three weeks. The case at this time had so far progressed that she vomited from one to three times daily, and the epigastric pain had reached a decided severity at times. Her general health had suffered to the extent of reducing her weight to 100 pounds.

The next physician consulted pronounced the case simply dyspepsia, and prescribed accordingly. After two weeks' treatment with this gentleman she had so far declined in strength as to be unable to leave the house, and a few days after, her bed.

At this time I was called. Found the patient in a semi-prone position, vomiting and retching. She was greatly emaciated, with an icteroid hue of the skin; temperature 97½°; complete anorexia, and unable to retain forced alimentation above 30 minutes to an hour, though for this space of time the ingestæ frequently afforded some relief. The epigastric pain varied in intensity also as to character. The gastric contents ejected were of the characteristic coffee-ground variety. I made a crude test for hydrochloric acid by pouring an aqueous solution of methyl-violet in the unfiltered ejecta. This test should change the violet to a distinctly blue color if the acid was present. No such change was observed. However, the test to be properly made, as directed by Dr. Woodbury in his work on "Disordered Digestion and Dyspepsia," is to add a portion of the filtered gastric contents to a weak solution of the methyl-violet in a test tube. This will give a reaction for one and one-fourth parts H.C.L. in one thousand of the filtrate. The test being so delicate, even my crude method would not fail to show the presence of the acid. You will here be reminded of the diagnostic value of determining the presence or absence of hydrochloric acid in suspected cancer of the stomach. Respecting further previous history of the case as related by the patient, will add that polydipsia and polyphasia had annoyed her from the beginning, as also had diarrhœa, which generally relieved the flatulence. She stated that the vomiting had been of the character described since about two months of this time. Further physical examination revealed a tumor in the inferior right of epigastric space irregular in shape, and about the size of a fist of a medium hand. Its outer margin lay beneath the vertebro-costal cartilage. It was firm, not especially sensitive; easily movable on pressure beneath it, and moved slightly by action of diaphragm on inspiration. There was no marked enlargement of the liver, though that viscus presented a decidedly pathological firmness in the right hypochondriac region. There was a constipated condition of the bowels, which had succeeded a diarrhœa four or five days previously. Tongue was slightly coated with a brownish fur, enlarged and soft; breath most offensive; asitia existed, and her countenance wore a *tedium vita* expression, though her mind was agnostic regarding her condition. The treatment which she had received consisted of arsenical, mercurial and vegetable alteratives and digestives.

I prescribed hydrochlorate cocaine ⅓ gr., with pure pepsin 2 grs., to be given every 2 hours. This was continued twenty-four hours, then given every 3 hours; and in addition, 20 drops of F. E. condurango, and 1 grain iodide of potassium were given every 4 hours. This treatment was continued five days with the most happy indications. Vomiting had been reduced more than two-thirds; pain and all unpleasant epigastric symptoms had been greatly modified. She began to desire food, and small quantities of selected diet was allowed her at frequent intervals, portions at least of which was assimilated. Unfortunately we got out of, first cocaine, and then condurango, for one week. During this time vomiting increased and every untoward symptom was augmented in spite of anything that could be done in the way of substitution. Improvement was again established as soon as the original treatment was entered upon, and I shortly made this additional prescription:

℞.	Strychniæ,		grs. j.
	Acid. Sulphur,	(Squibbs),	℥j.
	Aquæ Distil.,		℥vij.

Fiat. Solutio.

S. Teaspoonful in water 30 minutes after eating.

All of the grave symptoms now rapidly disappeared; vomiting ceased altogether, appetite returned, and the food was assimilated. The tumor, however, persisted for three months before it commenced to noticeably decline. I now increased the dose of condurango to a teaspoonful and the iodide to 5 grs., other treatment same as before. Improvement from this time on was rapid; the tumor shrunk away and magically disappeared. Bowels occasionally gave some annoyance during treatment; first with a dogged constipation, succeeded by an implacable diarrhœa. Little heed was paid to this, however, and in time a normal condition of the bowels was established. In six months all evidence of her disease had disappeared, and at the present time she is in as good health as at any time in her life. Six weeks ago she was attacked with a remittent fever, which I treated as in any other case, and could discover no trace of her former trouble. I have thought it of interest to sum up the amount of medicine used in this case, and find that she consumed over 5 lbs. of F.E. Condurango (P. D. & Co.,) 4 ozs. of Iodide Potassium, 4½ ozs. Pure Pepsin, and 1 oz. Cocaine. She took no other medicine besides this, except the strychniæ prescription, and left off the treatment without trouble or feeling any necessity or desire for its continuance. Recovery proved the diagnosis; but inasmuch as physicians of reputation pronounced the case cancer, I recapitulate the symptoms it presented, under the separate headings of Gastric Ulcer and Gastric Cancer:

Symptoms Indicating Ulcer:	*Symptoms Favoring Cancer:*
Age—slightly; ancestral history; recovery.	Previous health of patient; habits, surroundings, and general conditions; inception, progress, and duration; tumor, hemorrhage, vomiting and its characteristics; absence of H. C. L. in ejected gastric contents; implication of liver, secondarily, and character of pain.

The weight of evidence is in favor of cancer, and in the fact of recovery, alone, we must rest our decision against such diagnosis. The ancestral history is of but little value here—first, because we have no reliable data; and, secondly, because it is not absolute that there must be an inherited diathesis or cachexia to produce cancer, or that very much the greater number of cases follow such constitutional condition. The seed can not evade imparting to the tree or fruit a full ratio of the constituents derived from its parent, and every seed from the same source must do this alike; so if there be that parental morbific state which makes one issue peculiarly susceptible to cancerous growth, it would seem that all progeny would have a like predisposition. Here, however, we are confronted with the fact that while one member of a family may develop a cancer without appreciable exciting cause, another member of the same family may acquire dyspepsia in its worst form, a mammary tumor as the result of a traumatism, or other conditions interfering with normal nutrition of parts especially liable to be the seat of cancerous development, and yet does not develop this malignancy.

It is not remarkable, then, that this case should have been diagnosed cancer; I should unhesitatingly have so pronounced it had I been called upon for an expression of opinion.

The recovery of course overtops all other evidence, and teaches us the lesson not to be too sure, and to bend the mind with energy and confidence to therapeutics. I am a believer in medicines, without a qualification; am not satisfied that anything is incurable, not even cancer; and whenever I fail in any case, the only reflection that is absolute with me is that I did not know how to treat it. When I feel different from this I will no longer practice medicine.

CHAS. M. MUTZ, M. D.

SUGAR OF MILK AS A DIURETIC.—Dr. Zarakski concludes a paper on sugar of milk as follows: Further investigation will no doubt place milk of sugar prominently among the diuretics. Its harmlessness and cheapness promise a great future for it.—*Vratch in Times and Register.*

Written for the MEDICAL JOURNAL.

Philadelphia as a Medical Center.

Nearly five weeks of busy life in this great city have convinced me that there are in Philadelphia opportunities for graduates of medicine, not known to many of our western physicians. The benefit derived from even a short stay in such a city cannot be appreciated except one comes and sees for himself.

Whilst in a quandary regarding the best place to spend a few weeks—and have the most in the shortest time—I wrote to an eminent professor in one of the colleges of Chicago, asking him where he would advise me to go for a short course in gynæcology.

The gentleman at once advised me to visit this city and place myself under the guidance of Dr. Joseph Price, whom he considered the most successful gynæcologist in this country. Such advice, from a professor of surgery in Chicago, was, to say the least, unique. I took his advice, and after being here over four weeks, I cannot refrain from placing before the readers of the KANSAS MEDICAL JOURNAL a few facts which may be of service to those who wish to embrace the advantages of a great medical center.

Permit me first of all to mention the names of a few of the leaders in our profession whose acquaintance I had the pleasure of forming.

Not the oldest, not the best known in the west, but one of the brightest in the galaxy is Dr. Joseph Price. Dr. Price is only 36 years of age, yet his hair is considerably frosted—evidently more from care than from age. A quick, nervous, always-doing-something kind of a man. There is no task too hard for him to do for a friend. His great skill is always at the command of those who need his assistance. There are a large number of ovariotomists in Philadelphia, and, in fact, scattered throughout the whole country, who are indebted to Dr. Price for their start and thorough training. He has the esteem of all who know him. One of the most eminent obstetricians in this or any other country, told me when I had seen Dr. Price do a section, I would never care to see any one else. I cannot take your space to say more of him except to add, he has had about six hundred abdominal sections—all of which were performed to save life, and with results that seem marvelous; the last two hundred sections with only one death. I have witnessed a large number since I came, and some of them were cases of puerperal fever, (pus in abdominal cavity) with high temperature and rapid pulse, and they with all the others, made a quick recovery. Regarding the details of his work, I hope to have something to say at some future time.

Tall, straight and dignified indeed, is the venerable surgeon—the greatest living surgeon on this continent—Dr. D. Hayes Agnew. No words of mine could do him justice, but I wish to say that he is the embodiment of fatherly kindness to the younger, struggling members of the profession who seek his aid.

One of the brightest minds it was ever my pleasure to know is Dr. Thomas G. Morton. He also is generous and obliging, ever ready to go out of his way to do one a kindness. An accomplished surgeon, and an interesting lecturer. Nothing seems to be too laborious for him to accomplish, and the amount of work that passes through his hands every day is really enormous. His son, (Thos. S. K.) a tall, handsome young man, is considered one of the brightest of the younger surgeons in the city. He has imbibed his father's kindly manners, and a more obliging gentleman cannot anywhere be found.

Prof. Wm. Goodell, one of the best known of all our American authors, is a magnificent gentleman. He seemed desirous to make my stay in the city pleasant and profitable. He does a great amount of work, most of which I am seeing. He is without doubt one of the best clinical lecturers in this country.

There is no physician in the great army of medical men who is more completely a gentleman, cultured in all the fine arts that go to make the full, rounded man, than is my friend Dr. S. Weir Mitchell. His name is familiar to everybody. It seems a pity that such an eminent master is not lecturing in some of the leading colleges in this country.

Prof. Theopehlus Parvin, the renowned obstetrician and orator, seems not to want in mental power or in skillful surgery. It is my privilege to see much of his work and hear him often lecture.

Prof. W. W. Keen, a professional anatomist and accomplished surgeon, is a great worker, going from one duty to another with almost lightning speed. Some of his work I will report in our societies on my return.

Prof. E. E. Montgomery is extending to me every possible courtesy, and I find him a thoroughly good surgeon. He makes everything around him keep time to the music. He is yet a young man, with a brilliant past record and a promising future.

Prof. DeForest Willard is a most clever gentleman, a fine operator, and an instructive, pleasing lecturer. It has been my good fortune to witness some difficult operations which he has performed on club foot deformities.

Dr. J. B. Deaver is one of the brightest of the general surgeons, and an accomplished lecturer on anatomy. He is a rapid operator, and can talk more in explanation of his work without interfering with his operating, than any other surgeon in Philadelphia. I have witnessed much of his work—with pleasure and profit to myself.

Prof. Wm. Forbes is a skillful surgeon and learned anatomist. He has a pleasing manner, and is always ready to extend to visiting physicians a cordial invitation to witness his work.

Dr. John Guitiras, professor of pathology, etc., in the University, is very kind and has extended to me many courtesies.

D. F. Formad, B. M., M. S., lecturer on experimental pathology, etc., etc., in the University, has no limit to his generosity. I can never forget his kindness to me. As a pathologist he stands at the top.

There are many others whose names I ought to mention, who are prominent and obliging specialists.

Dr. Mordecai Price, a brother of Joseph—whose name heads this letter—is the only man who ever successfully removed a kidney lacerated from gun shot. The liver also was shot through. The patient, a young man, made a perfect recovery. The specimen is now in the museum in Washington. He has a record of being one of the most skillful abdominal surgeons in the country. He is always ready to instruct any who wish.

Dr. J. W. White is doing good surgery, and is a very obliging gentleman.

Dr. G. E. de Schweinitz is an accomplished ophthalmic surgeon who is very painstaking and polite to visiting physicians.

I must now speak of the other advantages which are found here. There are in this city nineteen (19) general hospitals, most of which are very large, and all well equipped institutions. Each has a corps of skilled specialists. There are ten (10) special hospitals, all doing a large business. There are five (5) hospitals for children, equally well equipped and liberally patronized. In addition to this army of clinical advantages, there are twenty-five (25) dispensaries; and last but not least, four (4) large, well equipped and most thoroughly officered medical colleges. Here the science of medicine and surgery is taught with that thoroughness found only in first-class institutions. We have, therefore, in this city every possible opportunity and advantage one can wish, to enable him to add to his experience and increase his knowledge.

M. B. WARD, M. D.

PHILADELPHIA, PA., February 4, 1890.

UMBILICAL HERNIA.—A simple method of treating—J. C. Reeve, M. D., in *Med. News*, recommends an appliance which fulfills the requirements stated to be essential. It is non-absorbent, non-irritating, and of such material that it will remain in place for at least a week, notwithstanding daily bathing. It is readily attainable everywhere and at all times. I use the large removable head of a common picture nail. This is applied to the hernia and fixed in place by a strip of adhesive plaster.

TREPHINING OR TREPANNING OF ANCIENT ORIGIN.—It is said in many Neolithic tombs many of the skulls, especially of young people, have been trepanned, making a hole, apparently to let out the evil spirit which was supposed to be causing epilepsy or convulsions; and where the patient had recovered and the wound healed, when he died long afterwards, a piece of the skull, including this trepanned portion, was sometimes cut out and used apparently as an amulet. While the pathology of to-day differs from that of the Neolithic period the object to be obtained was the same, to restore the patient to health. It is also evident that in some cases the operation was successful.

SOCIETY PROCEEDINGS.

The Leavenworth Medical Society.

The regular monthly meeting of the Leavenworth Medical Society was held January 27, at Dr. Lane's office.

Dr. Van Duyn was elected to membership.

Dr. Hamilton reported as his personal experience with La Grippe, a sickness covering a period of eighteen days. In the discussion that followed, the opinion was expressed that the disease was modified in individual cases by personal idiosyncracies, more particularly in that of the reporter who is one of a family of "bleeders." The disease usually lasts three or four days and requires little medication. Antipyrine relieves the frontal headache, while quinine seems to have a bad effect in these cases.

Dr. Lane reported a case of monstrosity. A child easily delivered at full term in which the radius and ulna were absent from both arms. The left thumb was attached to the hand by a slender pedicle, and there was complete anchylosis of the hips and knees. The child expired as soon as delivered.

Dr. Lane also reported a case of bilateral, symmetrical synchronous spasm, involving nearly all the voluntary muscles. The patient was a lady twenty-nine years of age, who had held a very responsible business position, and was very much debilitated. The condition has persisted for several weeks, and was reported as a case of paramyoclonus. Dr. Van Eman had also examined the patient and was inclined to consider the case one of hysteria; aggravated by the manifestation of great interest on the part of the family and many neighbors. A marked feature of the case was that morphine, chloral, the bromides and valerianates had no effect upon it. Dr. Van Eman advised rest, isolation, nourishing food and the usual treatment for nervous prostration.

Dr. Van Eman reported a case of extrauterine pregnancy in which laparotomy was performed at the 12th month, but death occurred six hours later, due to the exhausted state of the patient prior to operation.

Society adjourned to meet February 24, at Dr. Walter's office.

W. D. BIDWELL, Secretary.

Topeka Academy of Medicine and Surgery.

The Topeka Academy of Medicine and Surgery held an interesting session Tuesday evening, February 4, at which were present Drs. Munn, Hogeboom, Williamson, Righter, Minney, S. G. Stewart, McClintock, R. E. McVey, Miner, Lindsay, Green and Wall.

Dr. H. T. McLaughlin was elected a member.

Visitors, Drs. Klippel of Hutchinson, Ks., and Whitmer of P., D. & Co., Detroit.

Dr. J. E. Minney read a paper on Malarial Keratitis, which was discussed by Drs. R. E. McVey, Hogeboom and Lindsay.

Dr. McVey thought ulcerated cornea an evidence of mal-nutrition; tonics would have had the same effects through nutrition.

Dr. Lindsay asked if fever would have existed had it been simply anæmia, and was assured by Dr. McVey that fever was the result of disturbed function.

Dr. Hogeboom thought that inflammation of the cornea often results from large doses of quinine, also thought that iron and numerons other tonics would have removed the difficulty.

Dr. Minney said in closing that periodic fever yielding to large doses of quinine and at the same time favorably influencing the Keratitis, was evidence of malarial influence. Such patients tolerate large doses of quinine. Fever due to inflammation not periodic.

Dr. McClintock exhibited ovaries removed for tubal disease with prolapsed ovary—supposed. Operation revealed that it was the tube and not the ovary which had been felt. Pain disappeared in twenty-four hours after the operation and after a flow had been established. Tube and ovary were bound down with adhesions. Left tube was largely distended and filled with a coffee-colored purulent fluid, right tube filled with water.

Dr. McClintock was congratulated on the success of the operation, received a vote of thanks for reporting the case orally, and was asked to report the case fully in writing.

Drs. G. A. Wall, E. C. Chapman and H. L. Alkire will prepare papers for the next meeting, March 4, the latter on "Stricture of the Œsophagus," Dr. Wall on "Stephens' Operation."

C. C. GREEN, Secretary pro tem.

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TOPEKA, KANSAS, MARCH, 1890.

Gallstones.

TREATMENT OF GALLSTONES BY CHLOROFORM INJECTIONS INTO THE GALL BLADDER.

That the treatment of gallstones is unsatisfactory all give testimony. When we are called to a patient suffering an attack of gallstone by the usual methods, the best we can do is to benumb sensation and relax the parts involved and thus facilitate the passage of the stone.

I wish to call the attention of the profession to a method that as far as I know is but little practiced, viz.: the injecting of chloroform directly into the gall bladder and dissolving the calculi in situ. Chloroform is the best known solvent of these stones. The cholesterin and bilirubin dissolving like snow flakes on water, and when these constituents of gallstones are dissolved, the stone as an element of danger, in the vast majority of cases has disappeared. To show the practical application of this method I give two cases:

Case first—In July, 1888, was called to see Mr. D., aged 45 years; found him suffering with an attack of gallstones, after using the usual means recommended including the internal use of chloroform "per via naturales," without relief. I explained the probability of relief by injecting chloroform directly into the gall sac hypodermatically. He being willing I injected one-half drachm of Squibb's chloroform into the gall bladder, or as near as I could determine without making an incision; the relief was immediate, the clay colored stools disappeared and he was soon quite well. In this case gallstones were passed in a previous attack.

Case second—In June, 1889, was called to see Mrs. W., aged 50 years; found her suffering the agony of an attack of gallstones. The usual remedies failing I injected one half drachm of Squibb's chloform into the gall bladder; this gave immediate relief. This injection was made on June 29, and on July 4, pain recurring, a second injection of chloroform was made by Dr. Lindsay (who was called in my absence.) From this time no further treatment was necessary: bile flowed freely, jaundice disappeared, the patient made a good recovery. This patient had passed gallstones in a previous attack. We think this a safe procedure and not attended with danger even if the mistake is made of injecting the chloroform into the liver or into the peritoneal cavity. As additional evidence of the safety we have made experiments on a dog. These injections were made in the presence of Dr. Guibor, (who kindly furnished the dog) and Dr. McClintock, and Dr. Donaldson of Topeka; one-half drachm was thrown into the liver and one drachm into the peritoneal cavity, these injections were not followed by any unpleasant symptoms. We have also the high testimony of Robert Bartholow, who has recommended that the gall bladder be aspirated and the solvent injected without withdrawing the needle, but so far as I know no cases have been given illustrating the practical application of this method. Should we fail in giving relief, we can by laparotomy expose the gallbladder and inject into the sac. Should this fail we have still the more dangerous expedient of opening or extirpating the gall bladder. The surgeon should be familiar with the anatomy of the parts by dissection. Strict antiseptic precautions should be observed. The needle should be the finest possible, and longer than the ordinary hypodermic needle.

S. G. STEWART.

RUMOR says that Dr. M. O'Brien of Topeka, will open an office and resume the practice of medicine in the city at an early day.

"Uniform State Legislation."

The above heading is the title of an editorial in one of the January numbers of the *Journal of the American Medical Association*. The editor says: "If we are to secure a uniform and reasonable standard of requirements for graduation in medicine, the power to confer degrees must be divorced from those organizations which impart instruction. The legislation which can alone accomplish this is vested in the several States. More than any other organizations, the various State medical societies can favorably influence such legislation. The need of a standard of requirement which shall be uniform in all the States, can hardly be over-estimated. The necessity, then, of wise and concentrated action on the part of all State societies becomes obvious, and we hardly conceive of any other means of initiating this great work so feasible or so promising of good results as that of securing a national conference of the officers of the State societies for the discussion of the questions which are involved. May we venture to suggest the expediency of such a conference in connection with the next annual meeting of the American Medical Association at Nashville."

We heartily endorse the plan suggested, and will bring the subject before the Kansas State Medical Society at its next meeting. It is a matter of justice and right to the honorable practitioner. By such regulation the profession of medicine would occupy, in the estimation of the public, more nearly its proper sphere. A physician could go from one State to another, like other human beings, without being subject to the caprice of examining boards, but more particularly the expense in many instances is a sacrifice that cannot well be afforded.—EDS.

WE congratulate our friend, Dr. J. C. Culbertson, of the Cincinnati *Lancet and Clinic*, on his happy delivery of those young sprigs of the law, Messrs. Burch and Johnson. We had supposed the editor of a medical journal exempt from the brutal attacks too common to those who ride the tripod of the secular press, and we never should have dreamed of their commencing on the quiet and courteous editor of the *Lancet;* but "no might nor greatness in mortality can censure 'scape." Nor could we have supposed that two vigorous young men would have thought it necessary to double teams against our physically frail friend. But there is no accounting for the freaks of *valor?* We congratulate the Doctor that he had a friend at hand, and that the victimizers were victimized. The attack was caused by his defense of his friend, Dr. C. D. Palmer, against whom he believed these lawyers were urging what he considered an unjust suit for malpractice, and whose methods he deemed unprofessional.

A Shoe Button in the Nose Four Years.

Miss S——, 5½ years old, white, American, was brought to my office by her mother February 14, 1890, to have her nose examined.

History—In December, 1885, the child fell on her nose and injured it seriously, as the mother supposed, but it soon got well. About three months' after the accident an offensive odor developed in the nose, and a profuse discharge from the right nostril. Treatment was begun the September following and continued up to this date without effect.

Examination—There was the odor of necrosing bone, with an ichorous discharge, which excoriated the skin where it came in contact with it. The mucous membrane of that side of the nose was a broken-down, shreddy mass. After cleansing the parts thoroughly, and cocoanizing with an eight per cent. solution, the nasal speculum was inserted, and the reflected light revealed a black substance resting against and partially imbedded in the septum, and on the upper surface of the inferior turbinated body, near the pharyngeal opening. With a nasal cotton holder, with one-eighth of an inch at the point bent at right angles to the stem, we reached beneath and beyond the black, hard substance, turned the bent portion of the probe up, made pressure on the mass from below, raised it and at the same time pulled forward, dislodging and withdrawing the substance—a shoe button. The steel eye of the button was eroded, showing hard usage. The loss to the

tissues of the nose is slight; the odor disappeared in a few days; the child so far has made a rapid recovery. J. E. M.

A Warning.

"The *Times and Register* tells of a young physician who was called to see a man who had swallowed the metal plate to which were attached his third set of teeth. The doctor saw here a chance of bringing at least one of the cardinal branches of medicine into play—that of chemistry. Sulphuric acid will eat up metal. He accordingly ordered a tablespoonful of this acid to be given for the purpose of dissolving the plate. An unsympathetic jury decided that about seven years spent in comparative seclusion would probably increase this young man's knowledge of applied chemistry, and might, also, materially advance him as a therapeutist. The case just mentioned, though true, is an extreme one, yet it illustrates the fact that a man presumably of ordinary intelligence, may have his mind so fixed on one notion, that he completely forgets the collaterals.

"In no other profession, probably, is it of so much importance to look at a question from every point of view, as it is in the medical profession. The medical man handles that which may give life or death, and as the more potent drugs are double edged tools, *par excellence*, it behooves him, while intently cutting in one direction with the chosen edge, to be careful that the other, which is just as sharp, does not incise some vital structure."

THE Medical Society of the Missouri Valley meets in St. Joseph, Mo., March 20, 1890. Kansas is in the Missouri Valley, and our attention has been called to the prominent position she occupied at the last meeting of this society at Sioux City, by her absence—reminding us of what a minister said about us in a one-sided church fight, "that we ought to be churched for our masterly inactivity." Let this inactivity not be our principal characteristic at St. Joseph in March.

IODIDE OF POTASSIUM is having a run as a heart stimulant.

Castration of Criminals.

The following is the conclusion of an enthusiastic socialist who proposes castration as a means of limiting crime. The effect of this kind of punishment would be four-fold:

1. No offspring with an inherited tendency to commit crime.

2. An added terror to the punishment inflicted for breaking the laws.

3. A gradual improvement, in time, of the morals of the public at large.

4. An improvement in the disposition of the persons operated upon.—*Eclectic Medical Journal.*

Should this be applied to confirmed criminals, the enthusiasm would be practical. As the law in Kansas now is, it matters not how heinous the crime nor how degraded the criminal, he is sure of a good home and special care when he is found out in his crime. Wherever capital punishment is enforced, the criminal, as a rule, goes direct to his reward—Heaven? J. E. M.

Report of a Case of Malarial Keratitis.

Mrs. D——, aged 46, American, married, called on me November 8, 1889, for treatment. She was suffering with keratitis of two weeks' duration. The upper and inner quadrant of the cornea showed a circumscribed interstitial keratitis, while the outer and lower quadrant was studded with phlyctenulæ. There was a small ulcer on the inner segment and general chemosis. There was photophobia and lachrymation; the pupil responded to light slowly; the vision was blurred, and there was some supraorbital neuralgia. She was anæmic, but said she enjoyed her usual health. Her appetite was good, and she was able to do her housework, although the eye pained her at times and she could not see well with it. As a tonic she was given

℞ Quiniæ Sulphatis.
Ferri Citratis, aaʒss.
M. Ft. Capsulæ, No. xx.
Sig. One after meals. As a lotion for the eye,
℞ Atropiæ sulphatis, gr. ij
Aquæ Distillatæ, ℥j

M. Sig. Two drops in the eye every four hours, after bathing the eye for from 10 to 15 minutes with as hot water as could be endured. First having dilated the pupil while she was in the office, a small quantity of the mild chloride of mercury (C.P.) was dusted on the cornea.

For the first two days the eye improved, but on the third day it was worse. The calomel was omitted, believing that it irritated the eye too much. But the eye grew worse; vision was reduced to counting fingers; the keratitis was becoming profound; the epithelial layer necrosed extensively; the supra-orbital pain increased, as did also the chemosis and intra-ocular tension. On the evening of the sixth day she broke down completely, saying the pain in her eye would craze her. I thought probably that the atropine was irritating the conjunctiva, and concluded to try duboisine, and give antipyrin for the neuralgia; but before prescribing these concluded to examine her constitutional condition, when, to my surprise, her temperature was 103° and her pulse 108, and for the first time learned that there was periodicity in the eye symptoms.

Believing the trouble was malarial the eye treatment was stopped, except the use of a mild cocaine ointment (gr. 1 to 1 of vaseline), and she was given twelve grains of quinine instanter, and six grains every two hours until twenty-four grains were taken. She had a fairly good night's rest but was much weaker next day. Six grains of quinine were taken every four hours until the third day, before there was marked cinchonism. Three six-grain doses were given for two days, then twice a day for three days' more, when its use was discontinued.

The eye improved from the time the quinine begun to affect the system, and got well by its continued use. We have had other cases of malarial affection of the eye; at least we have so diagnosed, and treated them with favorable results, but this one in particular is mentioned from its deceiving us so completely.

One mistake made in this case was in treating the eye locally, forgetting that it was a part of the body, and that often a local symptom is only an expression of a constitutional disturbance.

It also impressed an oft-repeated lesson on my mind, and that is to always consider a patient sick who has a sore eye, until it is proved to the contrary by a careful examination.

J. E. M.

Republican Valley Medical Society.

The annual meeting of the Republican Valley Medical Society will be held in the office of Dr. Letourneau, Concordia, Kansas, Thursday, April 3, 1890, at 11 o'clock, a. m.

PROGRAMME.

Annual Address of President.
"Report of Cases in Practice,"..C.S. Bigelow, Ames, Kan.
"Pneumonia,".....I. R. White, Scandia, Kan.
"Hemorrhoids,".....A. Letourneau, Concordia, Kan.
— ——————.....J. A. Jeannotte, Clyde, Kan.

It is expected that Dr. Grant Cullimore, of Atchison, will be present and read a paper. Also some of the physicians of Topeka and other cities of the State have promised to come. A full attendance of members is urged, as a profitable time is expected.

All regular physicians invited.

J. H. BRIERLEY, President,
Glasco, Kans.

W. F. SAWHILL, Sec.,
Concordia, Kans.

THE N. E. K. M. Society, which will be held in Holton March 4, promises to be a good meeting. The session opens at 10 a. m. Joseph Haigh is president, and L. Reynolds secretary. The program is on page 363 of the February number of the JOURNAL.

DR. LUCAS' paper, on page 344, should read cosmoline with 5 per cent. instead of 50 per cent. of carbolic acid. Second line from bottom of page 342 should read whose flesh instead of where flesh.

ONE of the best local applications for swelled testicle is a poultice composed of one part of tobacco to four of linseed meal. The meal furnishes heat and moisture, while the tobacco usually relieves the pain in a short time. This same poultice is very soothing when applied over the pubes in cystitis.

Dr. D. C. JONES was called to Junction City professionally during February.

LITTLE THINGS.

THE influenza is abating.

THE sickness of Brooklyn is looked after in part by one dozen negro physicians.

DR. JOSEPH HEIGH of Grenada, Kansas, claims that antifebrin long continued impairs the memory.

DR. C. H. GUIBOR, our genial rhinologist and laryngologist, has had a serious sickness caused by gallstones.

THE presence of the catamenial flow, is regarded by some as a positive contraindication to the use of antipyrin.

A DEATH under chloroform used as an anæsthetic is reported during an operation in the Cincinnati hospital.

THE KANSAS MEDICAL JOURNAL gets three marks in its January number in the Philadelphia *Times and Register*.

BORACIC ACID cannot be used ad libitum it appears; several cases of poisoning, it is said, have resulted from its use in surgery.

DR. WALL, Dr. Hogeboom's son-in-law, has located at 521 Kansas avenue, and will confine his practice to ophthalmology and otology.

DR. D. R. PELTON of Wahoo, Neb., has removed to Topeka, and located his office at 730 Kansas avenue. His residence is 1283 Lane street.

DR. A. H. BOYD of Idana, Kansas, was a capital visitor in February. He is one of the promising young physicians of the Sunflower State.

DRS. JONES and Hibben of this city have formed a partnership and have their office over Stevenson & Peckham's dry good store, No. 717 Kansas avenue.

DR. M. H. CAZIER has returned from New York, where he has been attending the policlinic. He will continue the practice of medicine in his adopted State.

DR W. H. THOMSON of New York, regards the coal tar series of antipyretics as depressent and has ceased prescribing them in the hyperpyrexia of typhoid fever.

THE Emperor of Germany is again having trouble with his ear, chronic suppurative otitis media. If he would attend some pauper clinic in America he would be cured. If he is able to pay his way and will come to Topeka we will treat him for a fee. Why such temporizing.

WE are pleased to note the increasing interest in the City Medical Society. Short, pointed papers, with reports of cases and pathological specimens make the meeting interesting and profitable.

DR. WETMORE, Park Davis' traveling man, (one of twelve,) is missionating in Topeka and the State of Kansas now, and like the firm's goods is received by all kindly and profitably, as he and they deserve.

DR. L. Y. GRUBB, of Topeka has been wintering in San Diego, and reports a decided improvement in his general health. He is pleased with the coast climate but will return to Topeka in the late spring.

THE McDowell alluded to in the JOURNAL last month as the pioneer in ovariotomy was not the St. Louis McDowell, as we remarked. The pioneer McDowell in ovariotomy was Ephraim McDowell of Kentucky.

THE surgeon in chief of the Rock Island railroad says: "the surgeon of that road at Topeka, Dr. Reid Alexander, is giving entire satisfaction."

The above is unsolicited and without charge.

DR. CANNON of Smith Center, was a capital visitor last month. He congratulated the JOURNAL, and as a proof of his sincerity deposited two stove-lid dollars towards its subsistence, promising to give some mental food in the near future.

HONOR TO WHOM HONOR IS DUE.—Drs. Munn, McGuire and Williamson, city health board, deserve credit for their thorough work in preventing the spread of contagious diseases, notwithstanding the lack of co-operation of the city fathers.

DR. THOMPSON, of Kansas City, said that Dr. Fulton of that place recently removed a cystic tumor containing 30 gallons of fluid from a lady—but finally admitted that it might have been 9 gallons—(sequel we think,)—Dr. T. had been in Kansas 9 hours on pure water.

DR. W. S. STEWART in *Jour. Am. Med. Asso.*, says before applying the forceps be sure of the existence of the following conditions: 1st,

that the membranes are ruptured. 2nd, that there is complete dilatation of the os and retraction of the cervix. 3rd, knowledge of the position of the presenting parts. 4th, emptiness of the bladder and bowel.

ANTIPYRIN IN LABOR.—Ed. in the London *Medical Recorder*—Strong testimony to the value of antipyrin in mitigating the pains of labor is borne by Prof. Paolo Negri, director of the Obstetrical Clinique at Venice. He says that his experience, based on a very large number of cases, enables him to affirm positively, 1st, that antipyrin used during parturition has never in his hands produced any ill effect whatever. 2nd, that in the majority of cases it was of great use, so much so that in his clinic antipyrin has now for several months past replaced every other drug ordinarily employed to relieve the pain of uterine contraction during labor.

"A CASE OF POISONING FROM ANTIPYRIN.—Panschinger reports (*Centbl fur Gyn,*) a case of poisoning by antipyrin in which a new symptom was observed viz: profuse diarrhœa which set in a few hours after the last dose taken. In all five grains were taken, one every hour. Aside from the diarrhœa the principal symptom was the usual collapse. The patient recovered in ten days. The medicine was obtained from an apothecary without a prescription." We venture the above was a mistaken diagnosis. It sounds more like the druggist had given a dose of *shittim wood.* Can't crowd such symptoms down a western doctor for antipyrin poisoning—Eds.

FORCEPS AND THE AFTER-COMING HEAD.—Wm. Goodell, M. D., in *Med. Era.*—The forceps is the only proper aid in the expulsion of the after-coming head. The fingers in the fœtal mouth are useless, and there is danger of breaking the jaw. The body of the child should always be held away so that the forceps can be applied to the sides of the head, the handles being on the anterior aspect of the child's body.

J. W. REDDEN, M. D., Secretary of the Kansas State Board of Health, is collecting reports from the health officers of the various counties throughout the State. He hopes to have the report published by the last of March. He would be pleased to have reports from sanitarians other than health officers also.

ORDERS have been given the Prussian army surgeons to measure the chests of recruits every four weeks. All are to be regarded as narrow chested, the circumference of whose chests is less than half the length of their bodies. Narrow chested men whose chests are not widened by drill are to be regarded as predisposed to tuberculosis, and to be discharged as soon as possible lest they infect healthy soldiers.

The last case of murder under the "Christian Science Treatment" has aroused so much indignation in Massachusetts, that stringent legislation will be brought to bear to extirpate what is, without question, one of the most pernicious frauds and delusions that a community has ever been cursed with.—*Buffalo Com. Ad.*

THE ides of March will witness, we hope, the return to Topeka of the, to be Drs. Bradley and Magee. The former Dr. Munn's and the latter Dr. Minney's student. Dr. Bradley will go into general practice with Dr. Munn, and Dr. Magee will confine his practice to the eye and ear with Dr. Minney.

DR. HORACE P. PORTER, surgeon general of the G. A. R., has removed to Foster, Mo. We congratulate the profession in Missouri on this addition to their ranks, and the people of Foster in particular. The doctor is still at the front as he was in war times. Our loss is Missouri's gain.

A PERMANENT emulsion of cod liver oil is made by taking equal parts of lime water and the oil. Add a small quantity of wintergreen to flavor, or oil of almond. It will agree in many instances with a delicate stomach that will not tolerate the pure oil.

DEATH UNDER ETHER.—At Bellevue hospital a death under ether used as an anæsthetic, recently took place during an operation for abscess in the neck. At the autopsy the kidneys were found to be diseased through cystic degeneration.—*American Prac. and News.*

To stop the secretion of milk, dissolve one-half ounce of camphor in twelve ounces of turpentine, and apply to the breasts.

Our New York Letter.

BY M. H. CAZIER, M. D.

NEW YORK, February 5, 1890.

Concerning the bacillus tuberculosis, the polyclinic professors are somewhat at variance. One urges that it is a valuable aid in diagnosis, and that every physician should be prepared to use the microscope, and to detect this, the great destroyer, early in the disease. He urges that the process of preparing the plates, staining, &c., are very simple, so simple that abroad the janitors of the buildings in which the work is conducted, become proficient in the art. How much easier, therefore, for educated physicians to become experts in the matter. Another in the same department urges that the bacillus tuberculosis is of no practical value in diagnosis, urging that of the three varieties of phthisis but one is tubercular, and consequently but one variety has the germ, and that it is not found in sputa until softening begins; and, consequently, if found, is but confirmatory of a diagnosis, which the true physician must have made in advance, and if not found is only negative evidence, because catarrhal or fibroid phthisis do not have the bacillus; and further, he urges that the work of preparing plates and working through the process to discover the germ, is an exceedingly delicate and difficult procedure; and that no man in general practice can afford to take the time to do the work. So you see we get the law laid down, line upon line, precept upon precept, here a little and there a great deal. "You pay your money, &c."

Concerning the matter of anæsthetics, the professors of New York are not exactly agreed. Ether is very much in favor, and has been used by the majority to the entire exclusion of chloroform. One prominent surgeon lately declared in the Academy of Medicine, that any one using chloroform as an anæsthetic at the present day was a criminal. To which Prof. Gerster replied, that with the Professors of the continent of Europe and the great majority of the United States as his companions in crime, he felt very comfortable. He called especial attention to a number of cases of death from ether when the patient was the subject of renal disease, and urged that in all cases the surgeon should decide according to individual characteristics and symptoms which anæsthetic was to be used as being less dangerous in a given case, admitting that while ether is more troublesome and more tedious it is less dangerous, except in cases of renal disease, and then it must give place to chloroform.

Prof. Wyeth, in the use of cocaine anæsthesia, injects four per cent. solution between epidermis and true skin, two to four minims every half-inch along the line of incision and cuts at once. If seat of operation is an extremity, a firm ligature is applied above, suspending circulation, thus holding the cocaine at desired points. He does not hesitate to inject 20 minims of 4 per cent. solution if necessary, and under proper precautions no ill effects need be feared.

IN the *Journal of the American Medical Association*, W. E. Carlleberry speaks of the method of feeding in cases of intubation of the larynx by position, head downwards on an inclined plain, inclined dorsal decubitus at an angle of about 20°, is suitable in most cases. A little fluid will gravitate into the naso pharynx whence it may be expelled by causing the child to swallow three or four times before the erect position is resumed. The author reports great improvement in results since he has resorted to this method of feeding, and the elimination of one source of danger after intubation, viz: the entrance of food material into the lungs.

IT is claimed that the sense of taste in criminals is manifestly weak, relatively to that of ordinary individuals. Female criminals have the sense of taste still more obtuse than men of the same category. The author concludes from the remarks that this diminution in the sense of taste in criminals depends on a defect in the cerebral cortex.

ANTIPYRIN has been used for incontinence of urine where belladonna and bromides had failed. Twenty grains given two hours apart before bed hour is the minimum dose.

The Curse of Our Schools.

Dr. W. D. Bidwell, the associate editorial limb of the KANSAS MEDICAL JOURNAL at Leavenworth, wrote an article with the above heading which appeared in the *Times and Register* of Philadelphia.

The New York *Medical Times* of February 1890 copied the article and says: "The subject of the Curse of Schools is well discussed by Dr. W. D. Bidwell in the *Times and Register* of (Phil.) September 21, 1889."

The article is worthy the careful perusal of every physician, and we take the liberty of republishing a portion of it because it expresses our sentiment exactly. Like the properly tuned instrument, the chords are in unison and the sounds are harmonious. J. E. M.

"Both *contraria contrariis curantur* and *similia similibus curantur*, and all other preconceived theories must be erased from therapeutics, at least as general axioms, if we wish to rest this science on a solid basis, whose stability no one can shake. For, as in all other sciences, advances are to be made only by seeking for truth with unbiased judgment, so in medicine truth can never be reached if the investigator starts with preconceived theories and makes his discoveries fit them. No theory yet discovered explains *how* drugs cure diseases, neither do we know *how* soul and body are united, and it is not necessary that we should know. But all we can know certainly, all that assiduous observation can teach us is, that the cure of such a disease succeeds more or less constantly the administration of such a remedy. When our treatment of disease is based upon this foundation, then, and only then, shall we have a reliable system of therapeutics, and be fitted to practice the art of healing; provided, of course, we have sufficient knowledge of anatomy, physiology, pathology and chemistry to determine homogeneous cases of disease.

"I say that homœopaths in arguing against regulars have adopted a very specious method; and it is necessary in refuting their arguments to bear in mind the following facts, viz.: a regular physician is not an allopath, nor an Old School man. When Hahnemann and his followers took the name homœopaths, they assumed that all non-homœopaths were as narrow-minded as themselves in another direction, and classed them all as allopaths. But for this mistake of claiming to found a New School, Hahnemann would have been honored to-day by *all* physicians, for instituting much needed reforms in one department of medicine, for this is the proper place and rank of homœopathy, and all that it amounts to. The reforms I refer to are: First, a reduction in the size of doses, for, undoubtedly, too large doses were common at the beginning of this century; but this reduction must not be carried too far. There is a limit to the subdivisions of a drug, each one of which shall be as efficacious as the preceding, to say nothing of its being more powerful, as Hahnemann claims.

"The only valid argument in favor of the use of minute doses is based upon a comparison of the results obtained by using them and larger doses in precisely similar cases. Such a comparison may give results that will weigh strongly in favor of minute doses, and, when this is proven to me, I am ready to accept them as more efficacious than those I now employ.

"Who does not object to excess of dosage? It has been and is practiced by many, but no one is compelled to follow the example of such, and the best practitioners are not guilty of such mistakes, any more than do the best homœopaths believe in the infinite divisibility of matter. The minute doses now common with many regulars would satisfy any *reasonable* man.

"Again, polypharmacy was carried to the extent of mixing fifty or sixty drugs in one prescription, and to Hahnemann is largely due the credit of the growing tendency toward the use of single remedies, and at the same time to diminish the amount of dosing; though this still varies greatly with different physicians. But this could have been accomplished without attempting to form a New School, or if it could not at that time, now that the reform has been introduced, such school is no longer needed, but its very existence prevents other equally desirable reforms.

"However, the fact remains that Hahnemann did found such a school, and it has ex-

isted ever since, and the easiest solution of the problem now is, to accept what wise suggestions he made, to ignore those absurd ideas which led Dr. Holmes to make his severe criticism on homœopathic physicians, and to drop the distinctive name.

"Dr. Wesselhœft says, 'No school can, in justice call itself "regular" while it excludes from among its methods and principles this one practical element, viz.: *similia similibus curantur*.' Well, I believe he is right. This fact is well established regarding certain drugs and, so far as I know, no one wants to deny it. This peculiar action regarding such a drug as ipecacuanha, which had been used by regulars centuries before Hahnemann was born, is an undoubted fact, and no one but the homœopathists have suggested its exclusion as a drug which the regular physician can not conscientiously use. But the regular physician does claim that there are drugs concerning which this has not been proven, drugs that benefit the sick, and, therefore, are medicines which no man who practices homœopathy conscientiously can use, and he claims that the homœopathist is doing an injury to his patient in refusing to use those agencies which would hasten his recovery. True, medicine is too broad to be assailed, and asks no one to abate one whit of his powers for relieving suffering, asking only that things be called by their right names, that distinctive apellations which work no benefit, but merely interfere with the onward march of true knowledge, shall be done away with, and that the physician decline no aid, which shall benefit his patient, merely to live according to ancient dogma.

"Homœopathy is not broad enough, but its followers cling to their tattered standards, believing that they must enlist under the banner of some school and follow some pathy, whereas their energies could be much more profitably employed in healing the sick by the use of any and all agencies known, than in trying to conform to a single theory, or trying to make the people believe that they do.

"Our code says: 'No one can be considered a regular practitioner, or a fit associate in consultation, whose practice is based upon an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology and organic chemistry.'

"It does not say 'any homœopathist,' and if a man calls himself a homœopath merely because he uses small doses of so-called homœopathic drugs which he has found to produce the best results in healing; if he makes use of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry, in forming a diagnosis and determining proper treatment, he is in reality a regular, and entitled to be met in consultation, though mistaken, and, perhaps, innocently so, in styling himself a homœopathic physician.

"If, however, a man is living up to the Hahnemannian doctrines and neglecting the aids mentioned above, he is certainly not sufficiently educated to be met in consultation, and if you inquire into the matter you will find the majority of so-called homœopaths join you in calling him a fool. The same reasoning applies to other 'pathies, and if we were, as homœopaths style us, allopaths, we should be equally excluded, by the letter and spirit of the code, as the most intense high dilutionists on record.

"The code wisely mentions no 'paths,' but some years ago the Massachusetts Medical Society went beyond the code and excluded homœopaths from the Society. This was a great mistake, as it made the homœopathic physician in the role of a martyr, and public sympathy went with him; and this action of the Society, intended to stamp out homœopathy, is regarded by many physicians as one of the main causes of its present strength in that State.

"I object, as strongly as any member of the profession, to the existence of schools of medicine, such as homœopathic, allopathic, eclectic, etc.; but they can not be gotten rid of by excluding practitioners from societies and associations; for the method has been tried, and only added fuel to the fire it was intended to quench. They form societies and associations of their own, and gain popular sympathy by posing as martyrs.

"We must meet them as gentlemen, and by argument and reasoning show on what false ground they stand. We must convince them by sound reasoning that medicine is a much

broader field than homœopathy, for it covers *every* pathy; and, avoiding the vituperative style of many of Hahnemann's followers, we should prove the narrow-mindedness of his system.

"Dr. V. Y. Bowditch says, 'I sincerely hope and have reason to believe, that the day will come when the distinctions between the 'schools' will be a thing of the past among properly educated physicians. As long as hope is in human beings, however, there will always be 'isms' and 'pathies' of some sort or other, and my belief is that we can often find a grain of truth in the bushels of chaff which are brought to our notice, and that persecution of the originators of such ideas is folly. It only makes martyrs of them in the eyes of the public generally.'

"Such meetings* as those just mentioned, with the full reports of them in our medical journals, and the persevering efforts of such men as the editors of the New York *Medical Times*, will contribute materially to that clear understanding of our relative positions necessary to unite all physicians under one standard. We are public servants, but our service is high and important; and we should jealously guard the reputation to which our profession is entitled."

Dr. Bidwell has stated the situation as fairly and justly as could be asked from one in his position, and the full text of his article is respectfully commended to homœopathic adherents. If reasonable men on both sides of this controversy would approach the discussion of the subject in the same spirit that he evinces, medical union would be accomplished.

There are some points in so-called homœopathic practice, as we have said before, which have come to stay, and they must be included in text books where they belong, the sooner the better!

We are pleased to note that Dr. Bidwell appreciates the wisdom of opening the doors of our societies wide enough to admit practitioners of every shade of therapeutic belief.

*The meetings referred to are those of the Boylston Medical Society of Havard, which invited Dr. Wesselhœft to address it, and the Hahnemann Society of Boston University, which listened to Dr. V. Y. Bowditch. This exchange of sentiments has done great good and should be continued.

We look anxiously to such men as Dr. Bidwell, for a practical plan which will accomplish the desired result, and we shall be glad to publish any proposition looking to the desired end which he may see fit to send us.

So-called homœopathic pharmacy, the dual action of drugs, and the individualization of drugs, are points which must be insisted upon on the other hand, and non-sectarian designation on the other.

This journal will not be a party to any proposition which is not honorable alike to both parties! There must be no dishonor to a single individual if we would succeed!

Abstract of a Paper on Abdominal Section For Traumatism.

In a paper upon "Abdominal Section for Traumatism," with tables of 234 cases, read by Thos. Morrow, M. D., at the Newport meeting of the American Medical Association, the doctor says: "It is extremely gratifying to note the steady decrease of mortality attendant upon this modern procedure, and the more so because the recovery percentages of the present tables had to contend with a flood of fatalities which probably belong to the earlier statistics. Also it is most satisfactory to find after the lapse of but little over two years that the very last opponents to section for traumatism—then so numerous—have long since been silenced or converted by the eloquent teachings of accumulated experience, knowledge, and result. Many symptoms of intra abdominal injury have in the past years been proved entirely fallacious and unreliable. Thus, in the tables recorded many cases where with the most intense shock either no injury existed, or only those of most trivial description were found, whilst on the other hand, patients walked great distances and remained for hours without the least sign of shock, when multiple perforations of the intestines and other terrible injuries had been inflicted, Nor should such instances be put upon the apparent direction of the bullet, for it is notorious that the abdominal parietes will most readily divert balls from their tracks and occasionally deceive the very elect. Even my very profound respect for Dr. Senn and

his contributions to surgical science cannot make me an enthusiast for the hydrogen insufflation test for perforations of the intestinal canal. With one it would be an exceedingly exceptional case in which its assistance would be requisite to determine whether to open the abdomen or not. The indications for section for traumatism are few but comprehensive. In most cases they resolve into a single one —*proof of the fact of peritoneal perforation*. It would be better not to interfere whilst profound shock lasts, unless it depends upon such condition as continuing hemorrhage; in which case it would be the *surgeon's duty* to interfere even if the patient be *in extremis*, for the surgeon of the near future who is to do many of these operations, will not be able to boast, even early in his career he has not lost a patient upon the table, because that most distressing occurrence will occasionally be inevitable if we do our whole duty in such desperate cases as are these.

If the surgeon in attendance is quite ignorant of abdominal surgery, or if the surroundings of the patient are exceedingly bad, delay and awaiting symptoms of peritonitis may occasionally be pardonable, but under circumstances in the very least degree favorable and often when most unfavorable, the time for operation should even be at the earliest possible moment after injury.

No statement in this paper is better justified by a study of the table of facts than is this latter.

Another point of value in these cases of abdominal injury is to wash out the stomach in order that its contents may not induce vomiting after the operation, or, by passing into the alimentary canal, cause interference with the process of wound repair. This should be accomplished before the induction of anæsthesia unless the patient has already vomited freely.

After the search for lesions and their possible discovery and repair, it is of extreme importance to thoroughly irrigate or wash out the whole cavity with hot water, both as a cleansing agent and as the best method of treating the shock which is almost always present in greater or less degree at this stage of the operation; and just as important, yes, more so, is drainage; these two measures are the great life savers in abdominal surgery, and it is a matter of great congratulation that they are coming into almost universal use in those cases where there is any indication for their employment. One can never go wrong in employing either irrigation or drainage, which is vastly more than can be said in favor of the omission of one or both. For drainage nothing equals the glass drains of Keith, kept in working order by an absorbent wick of cotton, as suggested originally by Mr. Grieg Smith.

In after-treatment opium in any form should absolutely never be used except to relieve pain, even then the most tentatively and with the belief that under any circumstances it is an agent of extreme danger after abdominal operations.

Rectal alimentation, indicated during the first few days after extensive bowel wounds have been repaired.

At the very first sign of on-coming peritonitis, active saline and mercurial laxatives are imperatively indicated. If the symptoms are slow of development we may be content with the administration of minute doses of calomel every twenty minutes or half-hour."

The article from which the above extracts are made is well worthy careful reading and will be found in the first number for the present year of the Journal of the American Medical Association.

Dr. J. W. Jackson, of Kansas City, First Vice President of the American Medical Association, is seriously sick with pneumonia. As his immediate predecessor, now in good health, had at this time last year a hepatized lung, from the same cause, we hope the strong life of our friend will bear him to the haven of health and add many years to his useful life.

Patient—"Do cucumbers hurt all people, doctor?"

Doctor—"No, sir; only those who eat them."

Epilepsy.—Rubideum, ammonium, sodium, in full doses, act more energetically than the potassium bromide or the tripple bromides.

Quinine and Antipyrin.

The regular profession has justly condemned the nostrum vender, who commends his panacea for all manner of ills. Are we not sometimes guilty of like recklessness in the use of quinine and antipyrin? Both have a wide range of usefulness, for both relieve pathological conditions that have a wide range of expression, but neither should be given empirically, or without a well defined idea of pathology and therapeutics. What is to be done and how it is to be done?

Quinia in full doses cures periodic disease before it has produced permanent structural change. It arrests inflammatory action in internal organs in its earlier stages. How? There is good authority for saying that it lessens the size of the spleen, and equally good authority for saying it does not, and both are equally correct. In the recent splenic engorgement of a remittent fever it gives tone to the circulating vessels, relieves the engorgement and diminishes the size of the organ. When hypertrophy and hyperplasia exist, the pathology is beyond its range of action. It is a uterine stimulant, because its tonic action upon the uterine circulation produces uterine contraction. In the early, formative stage of pneumonia, hepatitis, nephritis, &c., the same action balances the circulation and aborts the inflammation. In all periodic disease there is a periodic recession from the peripheria to control organs which the action of quinine prevents or relieves. In full doses it cures remittent fever while it kills the typhoid patient when the pathognomonic lesion is present. So we may comprehend its power to relieve or injure in many other diseased conditions.

The tonic effect of small doses, recognized in various pathological expressions, is due to the same therapeutic power over the trophic nerves, and so the antipyretic action of heroic doses is only its more pronounced effect upon cardiac action. With a proper conception of its mode of action while we recognize its value, we will cease to consider it a universal panacea, and hold it capable of evil as well as good results.

Antipyrin and other agents of its class, while they have an equally wide range of usefulness, have an equally well defined mode of action. Their recent introduction into the pharmacœpia, should place the study of their varied usefulness on a scientific rather than an empiric basis. In addition to their antipyretic action, they have been found useful in a large number of nervous diseases. Comprehending the therapeutic action of antipyrin, antifebrin, (acetanilid,) phenacetin, and allied agents, we will readily understand what pathological expressions they may be expected to relieve. As simple nervous sedatives, of a special class, their range is very wide; because abnormal nervous excitation is capable of a wide range of results, varying with idiosyncracy and the part of the nervous system affected. Failure to comprehend the action of the so-called antipyretics, as in the case of quinia, has in many instances led to evil results; and though the physician has been excused because of individual susceptibility, and an excusable lack of knowledge of the power of a new agent, we should remember that idiosyncrasy affects the action of all agents, and exercise the utmost caution in the administration of agents whose range of action is not well defined.

Antipyrin and its congeners, as nervous sedatives, prevent or arrest destructive metamorphosis and the consequent pyrexia. Acting on the same plan, they relieve the anguish of various neuroses and prevent their injurious results, which cover a very wide range. Thus, while they have no power to excite functional activity, but tend to its arrest when functional activity is repressed because of some neurotic condition, as in hysterical anuresis; the secondary result may be diuretic. They should be prescribed with the utmost caution in all cases accompanied with nervous exhaustion, and then only in conjunction with nervous tonics.

Dr. Turner, of the U. S. Army, in view of the wider fields of labor opening to woman, in her welcome to almost every profession, anticipates the time when she will no longer be the poor victim to be practiced upon, but will take her turn in practicing upon the other sex. When that time comes the Lord have mercy upon us from being the ladder on which

she mounts to fame. "We may then find," says Dr. Turner, "Our cremasters tucked and plaited for pendent scrotum; the prepuce flounced for redundancy; the epididymis resected when the testicle is too low; our ureters catheterized, and the pelvis of our kidneys curretted; and Miss Cynthia Tate, more bold and brilliant than all the rest, will castrate for all manner of neuroses." When that millenium comes the table may be turned with a vengeance, possibly in many instances to the great benefit of society.

Dr. ——— has shown us this remarkable analysis of a sample of urine from a well nourished child, always healthy until a recent attack of some inflammatory action in the right iliac region.

Specimen of urine by Dr. ———:

Quantity received	f. ʒjv.
Odor	Sweetish.
Quantity in 24 hours:	
Color	Brown.
Deposit	Grey
Per cent. of deposit	20 per cent.
Reaction	Acid.
Spec. Gr.	1.028.
Clears by heating:	
Sugar	5 per cent.
Urea	0½ per cent.
Blood	10 per cent.
Mucus, epithelium and debris	5 per cent.
Albumen, earthy phos., pus and bile	0

——— M. D.

Our analysts must look out for their laurels. Some of the funny things about the above, from one of the wisest of his school, (in his own conceit) is, that he *elects* to have one-tenth blood and no albumen; clears on heating, and one-twentieth sugar in a previously healthy child.

Rubeola.—As soon as the prodromic symptoms are manifest, give a general bath of warm or cold water, clear or with soap, as the case indicates, followed by friction with a coarse towel until there is free capillary action of the periphera. Give a mild catharto-emetic, calomel and ipecac; absolute diet for twenty-four hours, and sulpho-carbolate of soda, grs. v.; sulphur, grs. iij.; sulph. quin., grs. ij.; glycerine, ʒj., every third hour.

In an article in the *American Journal of Medical Science* for December, by Wm. T. Prout, on the use of antipyrin in malarial fever, reminds us that the time for the relegation of large doses and cholagogues has not yet arrived and that they are of signal benefit when properly used. The article states the fact that malaria is a disease the essential characteristic of which is the destruction of the red blood corpuscles and refers to recent experiments by Drs. Bristone and Copeman, which prove that the destruction of blood-corpuscles is itself sufficient to cause a rise in the temperature, consequently when we eliminate these morbid products as rapidly as possible through the sweat glands we diminish pyrexia. This is achieved by large doses of antipyrin, twenty to thirty grains repeated in an hour if necessary and further doses of fifteen grains if required. After the reduction of temperature, give quinine in ten grain doses every three or four hours, the initial dose in many instances being fifteen grains. Seldom however, does Mr. Prout give the quinine until six or eight hours after the antipyrin, allowing time for the refreshing sleep following the use of the antipyrin. He fortifies his reasons for giving calomel or the pil. hydrag- et col. aa. gr. VI. which seems to be his favorite, by a statement from Hunter. viz: that the seat of blood destruction in health and of the removal of the products of this, is the portal circulation. In malaria the excessive blood destruction throws such a strain upon the liver it is unable to act and gastro-hepatic disturbance ensues; calomel by removing the accumulated bile indirectly reduces the temperature. By this mode of treatment the severe attacks of malaria common on the coast and interior of Africa are cut short in from two to four days. He also asserts on good authority that while an excess of bile is present the quinine given forms an insoluable salt with it and is rendred less active.

We have received a reprint of the excellent paper of Thomas S. K. Morton, M. D., of Philadelphia, of which we publish an abstract in this number of the Journal.

BOOK REVIEWS.

"A GUIDE TO THE DISEASES OF CHILDREN." By JAMES FREDERICK GOODHART, M. D., F. R. C. P., Physician to Guy's Hospital, and Lecturer on Pathology in its Medical School; Physician to the Evelina Hospital for sick children.

Rearranged, revised and edited by LOUIS STARR, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia.

Second American, from the Third English Edition, with numerous formulæ and *Illustrations*. Published by P. BLAKISTON, SON & CO., Philadelphia.

It is hardly possible to do justice to such a valuable work in a short review. The author, by careful selection and judicious arrangement of his subjects, has given us a most convenient and interesting work, and has condensed into one neat volume what some other authors, by endless repetition, and the addition of dry historical sketches and tedious statistical reports, have spread over several unwieldy volumes.

In the introduction he gives some most valuable suggestions relating to the examination, the points to be particularly noticed in making a diagnosis, and facts to be observed in the general medication. The body of the work is divided into ten parts:

Part I. On "Diseases of the Digestive System," is practical and complete.

Part II. Devoted to "Acute Infectious Diseases," contains 150 pages, 85 of which are upon the discussion of Measles, Scarlatina and Diphtheria.

The other parts taking up in order General Non-Infectious Diseases, Diathetic Diseases, Diseases of Blood and Spleen, Diseases of Nervous System, Diseases of Organs of Respiration, Diseases of Heart, Diseases of Genito-Urinary Organs and Diseases of Skin, carry throughout the entertaining style, lucidity in description and practical application of facts characteristic of the author. W. E. M.

"HANDBOOK OF MATERIA MEDICA, PHARMACY AND THERAPEUTICS," including the Physiological Action of Drugs, the Special Therapeutics of Disease, Officinal and Extemporaneous Pharmacy, and Minute Directions for Prescription Writing. By SAMUEL O. L. POTTER, M. A., M. D., Professor of the Theory and Practice of Medicine in the Cooper Medical College of San Francisco. Author of "Quiz Compends of Anatomy and Materia Medica;" an Index of Comparative Therapeutics, &c., late A. A. Surgeon U. S. Army, 8vo., pp. 766. Second Edition. P. Blakiston, Son & Co., Philadelphia, 1012 Walnut street—1890.

We have perused with pleasure and profit this admirable work, and are pleased to note that it is by a western man. It is just such a book as the advanced student and young practitioner seeks for aid, and one that the busy practitioner would like always at his elbow for ready reference, and to glean some important facts at such times as he has not the time, nor perhaps the inclination to read exhaustive treatises.

Reference to either of the Seven Divisions of the book are facilitated by leather thumb marks lettered as Class, Mat. Med., Pharmacy, &c.

The introduction into the work of such remedies as are of daily use with the profession, although not officinal, will save much time and annoyance. Pharmacy, as given by the author, while perhaps of more benefit to the druggist, contains many things of interest to those physicians who dispense their own medicines. The remarks on counter-prescribing by the druggists, and the remedy, are timely, and the general directions to the young physician on prescription writing, are good.

In the portion allotted to special therapeutics, besides giving the various diseases in alphabetical order, and the numerous remedies applied thereto, there are found many standard prescriptions written in full, which will save many midnight plunges into more ponderous lore.

The introduction in the appendix of such subjects as "Differential Diagnosis," "Notes on Temperature in Disease," "Obstetric Memoranda" and "Ethics," although of importance are clearly out of place in a work on

therapeutics; but when we remember that convenient formula for hypodermic medication, the treatment of poisoning, treatment of asphyxia and apnœa, appear in the appendix, and the general good character of the work, these intrusions are pardonable.

"OXYGEN AND OTHER GASES IN MEDICINE AND SURGERY;" by DEMARQUAY. Translated, with Notes, Additions and Omissions, by SAMUEL S. WALLIAN, A. M., M. D., New York, pp. 300: Philadelphia, Pa., F. A. Davis, 1889.

This work, just out, reflects the enterprise and interest of the translator in the use of oxygen and other gases in medicine and surgery.

To those acquainted with the literature of oxygen, Dr. Wallian needs no introduction. To those not familiar with the subjects treated of, the work will be a revelation, and cannot fail to interest and instruct, and will result in the more general practical application of the gases in the treatment of disease.

In the translation only such parts of the original work, consisting of over 800 octavo pages have been introduced as would prove of practical value to American readers. Added to this is the translator's personal experience, the experience of recent observers, and the late progress in pneumatological science. The parts of Demarquays work translated are, "Study of the Gases of the Blood in their Physiological condition, and their relation to each other." In this chapter are considered oxygen, carbonic acid and nitrogen.

Chapter II. treats of the medical history and physiological action of oxygen, injection of oxygen into the venous system, and physiological effects of oxygen inhalation.

Chapter III. takes up the preparation and purification of the gas, its administration by the stomach in the form of oxygenated water.

In Chapter IV. we find the practical application, the therapeutic action of oxygen alone and combined with other gases. Its application in medicine and surgery in such diseases as phthisis, chlorosis, asthma, senile gangrene, white swelling, supplementary hemorrhages, &c.

Chapter V. gives some interesting points in nitrogen, protooxide of nitrogen, and hydrogen.

Chapter VI. includes with the translator's notes, &c. corroborative experiences of recent observers, among whom are such men as Kellogg, Humphrey, Cuneo, Loyssel, A. H. Smith, W. G. Thompson, Beverly Robinson. The experience of these physicians in the use of oxygen, both by enema and inhalation in a large class of acute and chronic cases, tends to enthuse the reader, and is well worth perusal.

In that part devoted to Dr. Wallian's personal experience, he gives a list of 446 cases, embracing 34 different diseases, in which the treatment was ineffectually pursued in 157, and yet there were 215 cured or fully relieved, 128 sensibly relieved, and but 103 but little or not at all relieved.

Under "Additional Sources of Oxygen," hydrogen deoxide, with its varied and successful uses is treated of quite elaborately, also nitrogen monoxide.

The next 12 pages are devoted to the improved form of apparatus for generating and administration of oxygen, mention being made of the portable generators.

Under the head of accessories and auxiliaries, he warns against over-enthusiasm and hobby-riding, and advises such auxiliaries as improve the breathing habit exercise, alimentation, attention to the emunctories.

The volume closes with pertinent general suggestions. D. H. R.

"MEDICAL CHEMISTRY." A text-book for Medical and Pharmaceutical Students and Practitioners. By ELIAS H. BARTLEY, B.S., M. D. Professor of Chemistry and Toxicology, and Lecturer on Diseases of Children in Long Island College Hospital, &c., Second edition, revised and enlarged. Published by P. BLAKISTON, SON & CO., Philadelphia.

Some new articles have been added to the original work in this edition, and some changes have been made both in classification and in the nomenclature. The chapter on Poisons and Antidotes has been enlarged, and a chapter on Urinary Tests added. The general arrangement of the work is very convenient, and is especially adapted for the student's use. It will, without doubt, be highly appreciated and kindly received by the profession. E. M.

MEDICAL MISCELLANY.

A NEW PSALM OF LIFE.

BY DR. F. M. WILEY, FREDONIA, KANSAS.

With vision prophetic and cheeks turning pale,
Reviewing the ills that perchance will assail
Its frail life, and at each turn of its pathway arise,
A wandering babe might thus soliloquize:—
With such various dangers our life is beset,
It is truly a wonder that any one yet
Sufficiently hardy has proven to be,
To reach the age of maturity.
If at the time of our birth we are not cyanosed,
With saffron and catnip *ad nauseam* we're dosed,
They impale us with pins and put soap in our eyes,
And each cousin and aunt some new torture applies.
Perhaps we are doomed by the doctor's advice,
To be nourished (or starved) by some patent device:
Society and art so absorbing become
That mothers find irksome the duties of home
Now fountains of grief our spirit o'erflow,—
Now promptly begins a tale full of woe,
Of gastric catarrh, and entero-colitis,
And the horrid compounds of the doctors who treat us.
Of retching and puking and griping satanic,
Of colic, and jaundice, and spasms tetanic.
We're rickety, billious, have scrofula and worms,
Our peptonized food is loaded with germs
Of trichina, spiralis and ascarides,
Each seeking a home in our anatomies.
At seven months old our incisors appear,
Then canines, bi-cuspids, and molars,—a year
Of night terrors, when each tooth that we gain
Is purchased with spasms, congestions and pain,
Dentition is past and though fragile and thin
The infectious diseases their terrors begin.
On our epidermies an eruption appears
Which after watching and doubting and fears
The kindly old friend of our childhood affirms
Morbilla to be, and in high sounding terms
Of diagnosis, aetiology and treatment dilates:
Then a hopeful prognosis with confidence states
For under *his* care and learned reflection
There's no danger at all in the measley infection.
After fever and pain there is found to appear
Prominent lumps close under the ears.
The doctor is called, he examines the lumps,
Looks wise and profound, and firmly says, "mumps,"
And so we go through with the dreadful array
And so for the sins of our fathers we pay.
One week by pertussis we're brought near unto death,
The next dread diphtheria is taking our breath
Varicella our cuticle disfigures to-day:
To-morrow scarlatina fills with dismay,
When we think there remains no disease to catch
The scabies appears, then, well we scratch,
Till life is a burden and though we are rich
We would gladly be poor to be rid of the itch.
Pressing onward again new dangers appear;
We daily must eat in trembling and fear;
For bacteria abound in each morsel of food
A spoonful of milk may harbor a brood.
The sparkling spring water that in childhood we quaffed
And thought for the Gods a delectable draught,
We are now told to shun with deadliest fear
For the bacillus typhosis has made it his lair.
With apparent delight the scientists tell
The moss covered bucket that hung in the well
That dear oaken bucket with iron bound rim
With deadliest germs was filled to the brim,
That reptiles more poison than moccassins dwell
Neath the clear limpid waters of that often sung well
We must finish our meal while still craving more
Or the pangs of dyspepsia expect to endure.
We are chuck full of organs and each one of the lot,
Would rather its functions were disordered than not.
They claim, they have laws which if we would preserve
Our health or our lives we must strictly observe.
The brain is the king of this mutinous crew
And in sympathy shares all the mischief they do.
The least dissipation his honor offends,
And cephalalgia, the penalty promptly attends.
The lungs and the heart, the stomach and spleen
Are ever conspiring to do something mean.
And the *liver*, most malicious imp of them all,
He does nothing else but treasure up gall,
We coax him with belts, with plasters adorn
Our plasters and belts he alike treats with scorn
We humor with pills, with iodine paint
He simply renews his "liver complaint"
Humor and paint and adorn as we may
He still gives us gall by night and by day,
And when he is weary of stiring up strife,
When spite of his gall we still endure life,—
He doubles us up with a stone in our side,
And we frequently wish in our youth we had died.
Oh! Liver! thou cirrhotic, turberculous fiend
Prone to be atrophied, hypertrophied, gangrened
Respect thee we must, though we still will insist,
Of all of our organs though least would be missed.

IN private practice when a woman is about to be confined and erysipelas has appeared in other members of the family, the expected mother should always be isolated, as is the practice in hospitals.

IN the death of Dr. Harvey, of Indianapolis, Ind., the profession has sustained a great loss. Born in the same county with the doctor (Warren) we frankly testify that among all her honored sons, Ohio has never produced a more courtly gentleman or worthy physician.

CLINICAL NOTES & GOSSIP

From Kansas City Medical College.

Reported for Kansas Medical Journal.

BY R. S. MAGEE.

Dr. H. O. Beeson of Birmingham, Mo., class of 1880, paid us a very pleasant visit a few days ago. Come again doctor.

Final examinations begin March 1, graduation and commencement Monday, March 10, 1890. Our April number will contain a full account of the commencement exercises.

Dr. Williams of Bates county, Mo., class of 1877, stopped with us a few days on his way to Ogden, Utah, where he goes to take charge of the chair of anatomy in the University located in that city. We wish him success.

Dr. T. O. Davis, of Bigelow, Holt county, Mo., class of 1889, looked in on the old college walls a short time ago. He was in consultation with Prof. Fryer on a very interesting case of congenital imperforate external auditory meatus.

Prof. Griffith suggests the use of Vichy water in place of hydrogen gas for demonstrating intestinal obstruction. To the siphon apparatus, can easily be attached a rectal tube and you are ready for inflation. Saves the time and trouble of making a hydrogen generator. Vichy water can be had in almost every drug store. The CO_2 carbon dioxide is as innocuous to the alimentary canal as the hydrogen gas.

Prof. Thompson in a recent lecture on the treatment of Acute Catarrhal Inflammation of the Middle Ear, said that nothing gave his patients so much relief as leeches applied to the tragus and behind the pinna. Allow them to remain until full when they will drop off. Recommended the dropping of the aqueous extract of opium into the ear for the relief of pain, instead of the tincture, the latter on account of the alcohol is an irritant to the external auditory canal.

Our latest visitor from across the Atlantic has not received the cordial welcome generally characteristic of American hospitality. Strange to say, too, the unfavorable reception seems to be largely due to the new-comer's having imbibed too thoroughly the American idea of the equality of all men. Although near relatives of the stranger have found entrance into the palace of the czar, and the ceremonious court of Spain, the Emperor of Germany and the president of the French Republic, the now well known foreigner has shown no disposition to exclusiveness, and has displayed such wonderful impartiality in entering all classes of society, that on this side of the water, high and low alike have, within a very short space of time, been favored with an intimate acquaintance with "La Grippe."

Prof. Halley presented a case of epithelial carcinoma of the lower lip involving the right central portion. "You will see gentlemen that it is nodular, reddish in color, covered with a grayish mass of pus or broken down tissues, solidified into a crust or scab. On palpation you will notice that it is indurated, freely movable, not having invaded the maxilla. No glandular engorgement has as yet occurred. In order to effect a permanent cure the removal of the diseased tissues must be complete, if any portion be permitted to remain, recurrence will surely manifest itself. After removing the diseased portion to insure thoroughness I propose scraping the periosteum from the symphysis and mental eminence In making a new lip I shall carry my incisions well down on to the neck, dissecting up a flap between the incisions, the integument and muscular tissue here is lax and yielding—the flap can easily be drawn up, and I shall bring up sufficient to allow for considerable retraction. I think this a better plan than to approximate the sides of the wound here, as the tissues of the face are unyielding and too much retraction would be likely to take place. There will be but little hemorrhage and we will simply use torsion. In dressing and applying the bandage we will use pressure over the newly made lip to secure union to the bone. Keep the patient in a recumbent position to prevent as far as possible, the entrance of saliva into the wound."

PATENT MEDICINES.—The much advertised "Cuticura Ointment," consists of a base of petrolium jelly, colored green, perfumed with oil of bergamot, and containing two per cent. of carbolic acid.

Scarlet Fever, Diphtheria and Croup.

PREVENTION OF THE SPREAD OF SCARLET FEVER AND DIPHTHERIA IN THE DISTRICT OF COLUMBIA.

At a meeting of the Medical Society of the District of Columbia, December 11, 1889, at which the subject was the special order, it was after full discussion decided to recommend to Congress the passage of the following act:

"AN ACT to prevent the spread of scarlet fever and diphtheria in the District of Columbia.

"*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled*, That, from and after the passage of this act, it shall be the duty of every registered practicing physician (or other person prescribing for the sick) in the District of Columbia to make report to the health officer, on forms to be furnished by that officer, immediately such practitioner becomes aware of the existence of any case of scarlet fever or diphtheria, in his charge, and in case such person shall fail to so report within twenty-four hours he shall be subject to a penalty of not less than one nor more than twenty dollars, or in lieu thereof shall suffer imprisonment for not less than one nor more than ten days. In case no physician shall be in charge of such patient, the householder where such case occurred, or person in charge thereof, the parent, guardian, nurse, or other person in attendance upon the sick person, shall make the report above mentioned, and in case of failure to report shall suffer the same penalties as provided for physicians in this act.

"SEC. 2. It shall be the duty of the health officer co-operating with the attending physician to cause a suitable placard, flag, or warning sign, to be displayed from the front of the premises or apartment where any case of scarlet fever or diphtheria is present. It shall be unlawful for any person to remove such placard, sign, or warning flag, when so placed, without permission of the health officer, and it shall be the duty of the said health officer, in conjunction with the attending physician, to cause the premises to be properly disinfected, and to issue the necessary instructions for the isolation of the patient.

"SEC. 3. No adult or minor shall visit or attend any public or private school, or place of public assemblage, or appear on the public streets, or in the parks while affected with scarlet fever or diphtheria, and any adult person, parent or guardian of a minor, convicted of having knowingly violated the provisions of this act shall, upon conviction, forfeit and pay a sum not less than one or more than twenty dollars, or in lieu thereof shall suffer imprisonment for not less than one nor more than ten days, and it shall be the duty of physicians, while in attendance upon cases of scarlet fever or diphtheria, to exercise such reasonable precautions to prevent the spread of the said diseases as may be prescribed by the health officer of the District of Columbia in regulations.

SEC. 4. No person, adult or minor, who has convalesced from diphtheria or scarlet fever, shall be allowed to attend any public or private school, seminary or college until the attending physician shall have furnished a certificate that said patient has completely recovered, and that there is no danger of infection to other persons. All persons who shall, after convalescing from diphtheria or scarlet fever, visit schools, seminaries, or colleges, without providing themselves with such certificates, shall suffer the penalties provided for in section 1 of this act.

"SEC. 5. The provisions of this act shall apply to every ship, vessel, steamer, boat or craft lying or being in the rivers, harbors, or other waters within the jurisdiction of said District, and to every tent, van, shed, hovel, barn, outhouse, cabin, or other like place, as if the same were an ordinary dwelling.

"SEC. 6. The word 'regulations,' as herein used, shall be held to mean also rules, orders, circulars, and amendments. The words 'person in charge thereof' shall be held to mean the owner, his agent or factor; the tenant, his clerk or representative; the nurse, or any one or more persons who by reason of their position are charged with the management or care of the premises, or interested in the person afflicted. The words 'practitioner of medicine,' or 'practitioner,' shall be held to include all persons who undertake to treat persons afflicted, either gratuitously or for pay.

"SEC. 7. Any person who shall knowingly make, sign or deliver any false report or certificate herein provided for, upon conviction thereof in the police court of said District, shall be fined not less than one nor more than twenty dollars, and, in default of payment thereof be committed to jail for not less than one nor more than twenty days.

"SEC. 8. The expenses necessarily incurred in the execution of the provisions of this act shall be borne from the general appropriation for the maintenance of the Health Department of the District of Columbia, and the jurisdiction of civil and criminal procedure in the enforcement of this act is hereby vested in the police court of the said District, with the same right to appeal as in other civil and criminal trials in said District."

Quinine in Pregnancy.

The question as to whether quinine causes abortion or premature labor, when administered to pregnant women suffering from "fever," has again excited some attention.

A number of women in various stages of pregnancy have been treated by me in the Kingston hospital, during the past seven years, while they were suffering from manifestations of the malarial poison.

I have never seen a case of abortion or premature labor where quinine had been administered, but I have seen several cases where abortion was the result of the disease, pure and simple, cases in which there had been no treatment at all, the patient having in more than one case been only driven by the "pains" to seek aid.

I have often said that if one had given such cases quinine it would have been very natural to attribute to its action the uterine contractions which had really been set up by the poisoned condition of the blood, which also happens, as is well known, in scarlatina, smallpox, and other exanthems. This is also the experience of my colleagues at the hospital.—*Philadelphia Satellite.*

INCOMPATIBILITY OF ANTIPYRIN AND CHLORAL.—M. Blainville, a pharmacist of Paris, was called upon to put up a prescription containing sixty grains of antipyrin and seventy-five grains of chloral in half an ounce of water. An oily precipitate was thrown down which resembled neither chloral nor antipyrin in taste, but recalled somewhat that of coriander-seed. A mixture of antipyrin and quinine is also incompatible, both substances being at once precipitated from the solution.—*Medical Record*, Nov. 23, 1889.

The Bacillus of Tetanus.

1. Tetanus is an infectious disease caused by a specific bacillus.

2. The exciting cause of tetanus occuring in man, and of tetanus, when inoculated, is some bacillus which is identical with the "anærobic" bacillus first described by Nicolaier, and later confirmed by Rosenbach and others.

3. This bacillus appears both in the wound pus of tetanic persons and of inoculated animals. It frequently produces spores in the pus, but if the pus is examined early it may often be seen as a small rod free from spores.

4. Pure cultures of these bacilli can be made from the pus of tetanic patients or animals, and inoculations from these cultures will produce tetanic symptoms in other animals.

5. The former statements, apparently contradictory, concerning the etiology of tetanus, and particularly regarding the appearance of the bacteria, are made clear by the fact that the investigations were made at different stages of the disease. The sooner patients or animals die the less likely are spores to be found in the pus. But the bacilli themselves are never wanting, and spore forming tetanus bacilli can always be artificially cultivated from tetanic pus that is free from spores.

—DR. S. KITOSOTO.

Weak Heart and its Treatment.

At the meeting of the New York Neurological Society, December 4, 1888, Dr. W. A. Hammond read a paper on weak heart and its treatment. The paper referred simply to weakness of the muscular structure of the heart uncomplicated by dilatation or valvular disease. The affection, he said, is very com

mon, and while it may be fatal in its results, it may also be relieved entirely by treatment, which can be resolved into medicinal, gymnastic, and dietetic. Digitalis is the main medicinal remedy. The author has never observed the so-called cumulative effects of this drug. He thinks, on the contrary, that it requires increasing doses. He administers the infusion in two-drachm doses for two weeks, then he increases the dose one-fourth, repeating the increase at the end of the second fortnight. Convallaria he considers uncertain and unreliable. Strophanthus he thinks of more value; where there is intolerance to digitalis, it may be given. Strychnine is a valuable remedy in weak heart. He prescribes a grain in an ounce of dilute phosphoric acid, ten drops three times a day. Cocaine is a valuable remedy, a fifth of a grain being given three times a day. It has been Dr. Hammond's habit to add two grains to a pint of Malaga wine, a wineglassful being used at a time. Inhalations and hypodermic injections are required often in the weak heart of disease. Hypodermically he has used brandy, digitaline in one-twentieth-grain doses, and nitrite of amyl, two drops diluted with thirty drops of glycerine. Glonoin is useful in one-hundredth-grain doses. Medication is, however, only temporarily useful. Exercise is required for the permanent relief of this condition. Mounting stairs is mentioned as a convenient form of exercise. People living in the country may mount hills. The physician should, however, be in attendance, and the exercise should be suspended when the action of the heart has accelerated fifteen beats a minute, to be resumed upon its tranquilization.

One important point in etiology has, he thinks, failed to be recognized. This is that a normal heart, under ordinary circumstances, may become a weak heart by simple increase in the general body weight. He has had personal experience upon this point. His ordinary weight is two hundred and forty pounds. When it increases to two hundred and sixty pounds, which it does about twice a year, he is troubled with weak heart. He is then accustomed to apply his own prescriptions as to diet and exercise. In this way he can reduce his weight thirty pounds in thirty days. He then again eats and drinks what he pleases. When he went up to Mackinaw last summer, he had been suffering from weak heart. When he returned he could climb anywhere, and was perfectly comfortable.

The dietetic treatment of weak heart refers especially to ingested liquids, the quantity of which should be limited. By lessening the amount of liquids ingested, the total amount of blood in the body is diminished and the work of the heart lightened. In some cases Dr. Hammond has reduced the daily quantity to twelve ounces, with marked improvement within forty-eight hours. The diet is further modified so as to reduce the amount of fat if this is excessive.—*N. Y. Medical Journal.*

Hydrastinine.

A new derivative of Hydrastine. Possible substitute for Ergot.—This substance, an oxidation product of Hydrastine, white alkaloid of Golden Seal, has recently been prepared by us in order to afford opportunities for physiological investigation in European laboratories, prominent among which are those of the universities of Dorpat and Berlin.

It can be obtained from Hydrastine by the action of various oxidizing agents, and though the original methods were attended with considerable waste, improvements in this respect are constantly being made.

So far the most troublesome element is encountered in its purification and crystalization. The reaction taking place in its production may be illustrated thus:

Hydrastine. Hydrastinine. Opianic Acid.
$C_{21}\ H_{21}\ NO_6$ $C_{11}\ H_{11}\ NO_2$ $C_{10}\ H_{10}\ O_5$

The alkaloid, or base, being sparingly soluble, and moreover rather prone to decomposition when in solution, we have given preference to the hydrochlorate as possessing the desirable elements of stability and solubility in aqueous fluids.

Recent advices from the highest European authorities represent it to be of immeasurable service in controlling uterine hemorrhages, far surpassing ergot in efficiency, certainty of action and safety.

Broom Corn Seed—(Andropogon Sorghum. Brot.) Synonyms—Sorghum Saccharatum,

Pers. S. Vulgare, Pers. Part employed—the seed. Natural order—gramineæ. Habitat—sub-tropical distribution; extensively cultivated. Properties—diuretic, sedative, demulcent and soothing to the irritated urinary organs in vesical catarrh, cystitis and irritable bladder.

In the aged, who are compelled to rise frequently at night to void their urine, it has produced great relief.

It must not be confounded with broom top or scoparius.

Dose of fluid extract of the seed, 1 fluidrachm (4c.c.) three to five times daily.

Among other products this house has recently introduced may be mentioned the following:—Compound sulphur lozenges; acetanilid tablets; soluble elastic capsules of quinine muriate.

They are headquarters also for selected pressed herbs, which they guarantee to be superior to any others in the market.

Quinine in La Grippe.—Among the agents that have been used for the cure of the influenza, quinine has perhaps been administered in the majority of cases, and the consequence has been an unusually large demand for the drug. This will bring out all the old stock of pills in the hands of druggists, and naturally much that is unfit for use.

In this contingency, those purchasing or prescribing pills or capsules of quinine should see to it that they get those easily soluble, so that they get the benefit expected from this valuable antiperiodic and tonic.

In this contingency, Messrs. Park, Davis & Co., state that they guarantee the quality and solubility of their capsules and oval sugar coated pills of quinine sulphate and muriate. They have made a special study of solubility in these products, and invite a critical comparison of the pills made by their new processes without needle holes, which they of all manufacturers alone employ.

Standardizing Fluid Preparations.

The first and most notable advance made in the direction of supplying standardized preparations not open to the dangers of the existing Pharmacopœial processes for fluid extracts, was by Messrs. Parke, Davis & Co., who introduced in 1883, a class of assayed preparations which were entitled Normal Liquids. The standard decided upon for these fluids was the result of long experience in the collection, purchase, examination and analysis of, crude drugs with a determination of the amount and character of their active principles. The reliability of normal liquids soon led to their large consumption, and the medical profession have evinced their preference for them to such an extent as to make them now an established and popular method of exhibiting toxic and narcotic drugs.

Normal liquids may be defined to be concentrated tinctures, the methods of manufacture of which serve as models for imitation. They represent more closely than fluid extracts made by the present Pharmacopœial methods the average standard strength crude drugs. The simplest explanation of their nature would probably be to regard them as fluid extracts adjusted by assay to a fixed standard of strength which make them absolutely uniform in composition and therapeutic action.

The favor with which normal liquids, and assayed products generally, have been received by representative men of the medical profession, has led us to believe that the best interests of pharmacy will not be served unless these or like preparations are officinally recognized. For concentrated tinctures of a definite strength, the name "normal liquids" appears to be happily chosen, as it implies a definite standard of strength. The list should embrace preparations of the more potent crude drugs, 1 Cm. representing 1 gramme of drug of standard strength.

It does not seem to us from a careful review of all efforts made in this direction that any have met with equal acceptance, or merit as much appreciation. Whatever may prove to be the decision of the committee as to making such assayed preparations official, there can never be any question as to whom the honor of their actual practical introduction is due.

As the time approaches when the revision is to take place (and in the minds of thinking men the standardization of fluid extracts is now an accepted fact), there will no doubt be

many competitors for this honor who may claim by reason of a mushroom-like growth in the field of this new departure, officinal recognition for scientific work.

It will be necessary on the part of the Committee of Revision, therefore, to carefully investigate the claims in this direction, and when awarding the credit for such work to see that they do not place the laurels upon the wrong brow.

Unsupported and disinterested scientific labor, no matter from what source, should always be welcomed with the endorsement of scientific men, and we sincerely trust that the efforts made in this direction by those deserving it, will receive full appreciation at the hands of the compilers of the forthcoming Pharmacopœia.—*Medical Age.*

Pepsin is undoubtedly one of the most valuable digestive agents of our Materia Medica, *provided a good article is used.* Robinson's lime juice and pepsin, (see page ii this number) we can recommend as such.

ERYSIPELAS.—Tinc. Ferri. chlorid. one fluid drachm in a wine glass of water every three hours, keeping the inflamed part covered with absorbent cotton, saturated with solution of bi-sulph. sodæ, aquæ dist. aa.

La Grippe Abroad.

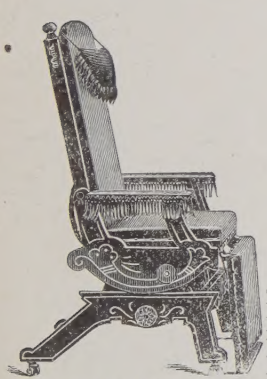
Prof. Leyden of Berlin, attributes the influenza epidemic to the same causes that produce the dengue fever which makes its appearance particularly in the East. December 15, the number of cases in Berlin was rated at 15,000. In Paris 670 employes in one dry goods emporium were sick at the same time and the usual experience was that the disease lasted four days, complications arising only in rare cases.

Dr. Canabis, director of the board of health of Rome went to St. Petersburg to study the disease there and ascertain if possible what caused it to assume later a malignant character.

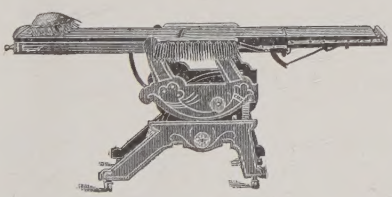
During the past year dengue has prevailed very extensively in Asiatic Turkey, and researches are now being conducted in Constantinople to discover, if possible, the specific microbe.

The weight of opinion among those who have had opportunity for studying leprosy is that the disease is not communicated by single contact and not as a rule by continuous association although there are exceptions to the latter.

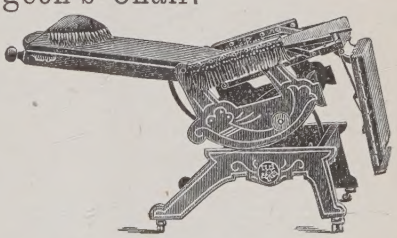
The Perfection Physicians' and Surgeon's Chair.



Normal adjustment.

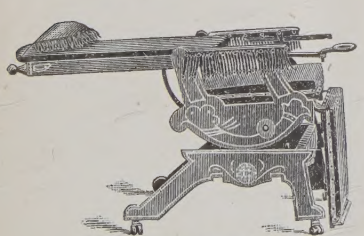


Horizontal Position.



Elevating the Hips.

The only Chair that embodies every position given by all other chairs, and many others that they are not capable of. In normal position, the PERFECTION is like any handsome parlor rocker. It is so balanced that the patient properly seated therein can recline at any angle without assistance, the operator being only required to secure the chair at the proper angle. To secure all ordinary positions, only two things are to be remembered: *First*—That all angles of the seat are governed by the FRONT RATCHET. *Second*—That all angles of the back are governed by the BACK RATCHET.



Dorsal Position.

The patient is brought into position without being lifted forward or moved in any manner. The stirrups are always ready for use, and adjustable to different lengths and widths. The act of lowering the back also elevates the seat from 23 inches, (which is the actual height when not in use), to 29 inches, the required height for operating.

The chair is made of either Walnut, Cherry or Antique Oak, finished in oil or varnished, upholstered in Leather or Extra Mohair Plush and handsomely decorated.

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